

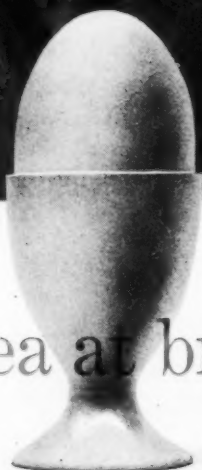
Medical Economics

PUBLISHED EVERY OTHER MONDAY • ISSUE OF JULY 4, 1960

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say to
reassure
a patient
can boomerang
legally



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References: 1. Nulsen, R. O.: Ohio State M. J. 53:663, 1957. 2. Personal communications: 1956-57. 3. Towne, J. E.: Internat. Rec. of Med. 171:584, 1958. 4. Geiger, C.J., et al.: Obst. & Gynec. 5:688, 1959.

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Medical Economics

NEWS BRIEFS

CLOSED-CIRCUIT FM NETWORK FOR DOCTORS, over which the Radio Corporation of America hoped to pipe music, medical news, and drug commercials into M.D.s' offices in 16 cities, has been postponed indefinitely. Reason: R.C.A. couldn't find enough buyers.

TWO STRIKES AND OUT: The Louisiana Senate has just passed a bill making it a criminal offense to have more than one illegitimate child.

EVEN IF YOUR CHILD EARNS MORE THAN \$600 this summer, you can still get an income tax exemption for him, the I.R.S. reminds taxpayers, if he meets two requirements: (1) He must either be under 19 at the year's end or a full-time student; and (2) he must get more than half his support from you.

COMPULSORY STATE MEDICINE seems imminent in Canada's Saskatchewan Province. Premier Thomas C. Douglas, who has promised a state-run medical care system, last month won re-election handily.

NEWS BRIEFS

MAIL-ORDER RxS: Some 500,000 Americans can now get prescriptions filled by mail at cut rates from various national organizations, a new study shows. The A.M.A. last month condemned the practice except for patients in isolated areas.

"UNJUST RECOVERIES IN MALPRACTICE SUITS are remarkably rare," New York State medical society Counsel W. F. Martin recently told a gathering of doctors: "The laws as laid down by most of the appellate courts in this country are, on the whole, eminently fair to both the patient and the doctor."

RENEGADE "CERTIFYING BOARD" FOR G.P.s won't disband. The board, which 10 nationally prominent G.P.s incorporated some months ago without the consent of the American Academy of General Practice, has refused an A.A.G.P. request that it either disband or let the Academy take it over. The board hasn't solicited any G.P. "diplomates" yet, but its members say they intend to continue in business.

CHANCES FOR PASSAGE OF THE KEOGH BILL—which would let doctors set up tax-deferred pension plans—may have been killed, Washington insiders say, by the amendments the Senate Finance Committee tacked on to the House version. The amendments affect the profit-sharing plans of many corporations, and observers now expect these firms to oppose the bill.

WE'LL INSURE ANYONE UP TO AGE 97, New York's Standard Security Life has announced. Sample rate: \$363 a year per \$1,000 of coverage for people of 90.

A.M.A. DELEGATES VOTED TWO WAYS on Social Security at their recent meeting in Miami. One resolution they passed reaffirmed their opposition to Social Security coverage for M.D.s. But they passed another that, in effect, approves of the new Mills bill, which the House Ways and Means Committee has reported out as a much-watered-down substitute for the Forand bill. The Mills bill extends Social Security coverage to physicians.

DOCTOR'S COMPENSATION-CASE BILL is being contested by insurance officials in Hawaii. The bill, which reportedly was chiefly for a year's injections to ease pain caused by a back injury, came to \$7,000.

CONTINGENT-FEE ABUSE: "A plaintiff's lawyer spent about 20 hours looking up precedents in a recent California malpractice case," reports A.M.A. Medical Expert Joseph F. Sadusk Jr. "Then the case was settled without trial for \$90,000. The attorney's contingent fee came to \$36,000, of which he paid \$18,000 to a colleague who'd referred the case to him. Something's wrong with a system whereby one lawyer gets \$18,000 for 20 hours' work and another gets \$18,000 for merely referring a case."

NEWS BRIEFS

DOCTORS WHO SAY THE AGED DON'T NEED HELP in meeting medical bills are irking Senator Pat McNamara (D., Mich.). Listening to them, he said recently, "you'd almost believe that our aged fellow citizens are really the wealthiest people in America."

PROBE OF SPECIALISTS' CONTRACTS WITH HOSPITALS has been ordered in Elizabeth, N.J., following an anesthesiologist's recent shotgun slaying of a former partner. The partnership had a contract to handle all the anesthesiology at 2 Elizabeth hospitals; it broke up over an earnings dispute.

BITTER BLAST FROM A CLOSED-PANEL HEALTH PLAN, New York's H.I.P., erupted in Staten Island after the death there of a 41-year-old H.I.P. obstetrician. In a full-page newspaper ad, H.I.P. doctors said that the OB man had died from overwork and alleged that 3 Staten Island hospitals have left them all with enormous work loads by refusing for 30 months to admit new H.I.P. men to their staffs.

HIGH-COST, HIGH-BENEFIT HEALTH INSURANCE apparently is the most popular. Some 1,800,000 Federal employees recently finished selecting the coverage they want for themselves and their dependents. And Civil Service Commission officials say early tabulations show the overwhelming majority chose the most expensive, broadest coverage available.

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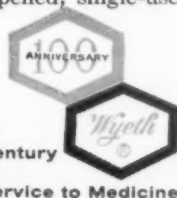
The benefits that this system confers upon you, your nurse, and your patients are clear:

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2. *Benefits to your nurse:* The TUBEX system saves your nurse time previously spent in sharpening and sterilizing needles, preparing multidose vials, cleaning and sterilizing syringes. As a result, she can spend more time with patients and on performing other rewarding tasks. Her morale climbs and office efficiency is improved.

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the anxiety behind
the tension.



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Medical Economics

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, JULY 4, 1960

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The Facts About Specialized Mutual Funds 67

They appeal to the investor who wants to go all out for a particular *industry* without risking everything on a single *company*. A good idea? Here's your answer

Who Says Doctor Bills Are Too High? 73

An aide who has been mailing them out for thirty years points out that they aren't much bigger now than when she started—while most other costs have gone sky-high

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Courts often take so long to settle such cases that it's almost impossible for the doctor to follow them up and be sure of collecting his fee. Here's how the doctors of one locale have licked the problem with the assistance of local lawyers

What Should a Classified Phone Listing Include? . .93

Office hours? Field of practice? Medical society membership? The A.M.A. has never drawn up nation-wide ground rules. Instead, it has left the problem to state and local medical societies, where opinions differ widely. This coast-to-coast study of yellow pages may help you and your colleagues decide what information you may ethically include

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No longer can you call your broker, order up practically any blue-chip stock, and sit back while the price goes up, says this investment counselor. Here are some of the ways to go about beating the market when it behaves badly. Just remember: No maneuver always works—even for a big-time investor


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Mead Johnson
Symbol of service in medicine

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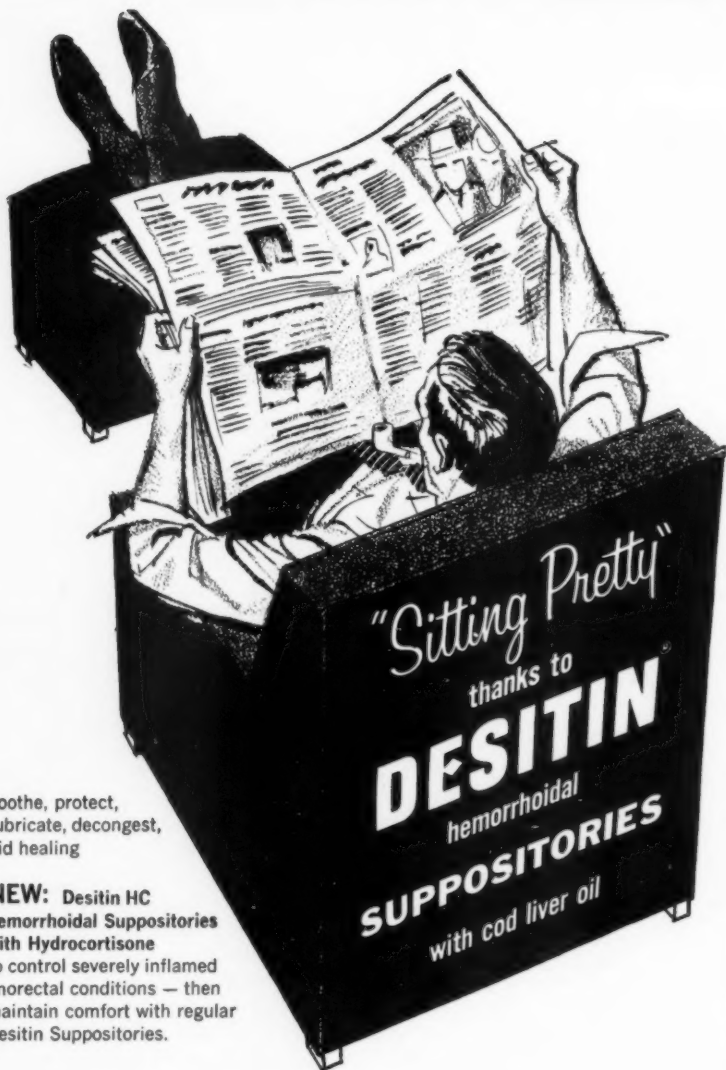
Understanding the procedures of the program is the first step in avoiding delays and extra correspondence. Here are answers to some of the questions that have plagued doctors

BOOK FEATURE

What a Way to Pick a President!185

On July 11, Democratic delegates convene in Los Angeles. On July 25, the Republicans convene in Chicago. The next President of the United States will be nominated at one of these conventions. But already the field has been narrowed to no more than seven serious candidates, and the narrowing process goes on without reference to the electorate. Who are the President-makers? How do they operate? Robert Bendiner is a good man to answer these questions. He has survived and reported on seven nominating conventions. Among the Presidents this system has provided us, he estimates that the first-raters outnumber the duds. But what about this time? You'll be a better guesser after reading this condensation of his best-selling book, 'White House Fever'

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New

Enhances Vitality and Still Insures Weight Loss

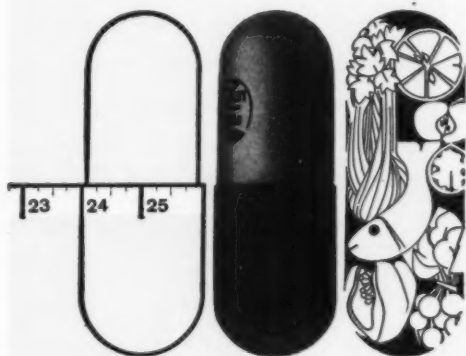
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Letters

Fund Raisers' Reactions

SIRS: Your recent news report on the hospital that won't hire any more fund raisers is a matter of concern to all competent fund-raising counsel. It comes only a few weeks after the American Hospital Association investigated and approved twenty-six fund-raising firms "whose competence and fair practice . . . have been demonstrated."

To be sure, the hospital in question had an unfortunate experience. But does this call for a general denunciation of *all* fund-raising counsel?

David M. Church

Executive Director
The American Association of
Fund-Raising Counsel
New York, N.Y.

SIRS: There are unethical and incompetent fund-raising firms, just as there are unethical and incompetent editors and doctors. Perhaps the Door County Memorial Hospital of Sturgeon Bay, Wis., was involved with such a firm. In any case, its unsuccessful campaign certainly deserves censure. But while this was happening at Sturgeon Bay, our own firm was

directing eleven small-city hospital campaigns in Wisconsin and neighboring states that produced \$3,227,561 in funds, at a cost of only \$157,709.

The Door County hospital made a serious mistake in its choice of a fund-raising firm. It would have been better if the mistake had been used to illustrate the point that a hospital board must carefully investigate whomever it employs—whether it's administrators, nurses, or fund-raising firms.

John Grenzebach

Vice President
Beaver Associates, Inc.
Chicago, Ill.

SIRS: . . . I don't think you had any intention of giving us fund raisers a bad deal. But you and your readers ought to know that the typical total cost of hospital appeals directed by reputable fund-raising firms is only 4 to 7 per cent of the money raised.

Yes, there are gyps in this profession—and in some others—and the hospital you mention may have dealt with one of them. It may have chosen its fund raiser wholly on the basis of cost. There are

Continued on page 22

**all of these patients
have anxiety symptoms;**



*** but half need an
antidepressant, not a
tranquilizer**

IN DEPRESSION AND DEPRESSION-INDUCED ANXIETY

the common problems basically unresponsive to tranquilizers

depression—a common problem in office practice...

"It is generally acknowledged that at least 40 to 50 per cent of the patients seen in private practice have emotional problems and that true depressions or depressive equivalents are found in more than half of these." Cooper, J. H.: J. Am. M. Women's A. 14:988, 1959

anxiety often "masks" underlying depression...

"Although ataractics have a definite place in therapeutics, their use in depressed states is limited, and in many cases even contraindicated. A large number of patients with psychogenic disorders are given ataractics for the relief of anxiety symptoms. Since the anxiety is actually due to depression, the response, if any, is transient and occasionally the patient may become worse...."

Hobbs, L. F.: Virginia M. Month. 86:692, 1959

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Letters

firms that quote any fee they think will get them business; these firms lack competence and integrity.

The members of the American Association of Fund-Raising Counsel don't fall into that category. And I'm sure there are some nonmembers that also operate honorably and capably.

Carlton G. Ketchum
President
Ketchum, Inc.
Pittsburgh, Pa.

Doctors' Many Interests

SIRS: One recent issue of MEDICAL ECONOMICS offers a fine rebuke to those who claim that doctors' interests are becoming increasingly narrow. "Get More Fun Out of Giving" is a delight and an inspiration. So, too, "This Doctor Did His Bit for Better Schools."

R. A. MacKenzie, M.D.
Asbury Park, N.J.

Injection Economics

SIRS: How much should a doctor charge for giving polio injections? Here's one way to figure it:

Consider each shot as having to bear part of the cost of your professional liability insurance, your secretary's salary, and your office overhead. The percentage of your time involved is beside the point.

Whether or not you administer the shot yourself, you still have to explain the reasons for its indications and explain to the patient when he'll need a booster shot.

The cost of the medication seems to me to be the smallest item of all in computing the cost of an injection. My patients get good value at \$5.

Melvin F. Johnson Jr., M.D.
Shreveport, La.

Dismiss the Problem-Patient?

SIRS: In "So I Asked the Patient to Get Another Doctor," Author Robert L. Brenner describes the problem-patient with considerable accuracy. We all know the various types: the thoughtless, the disobedient, the hypochondriac, the shopper, the "I-know-best" type, and the patient hell-bent on self-destruction. These traits are present in major form occasionally, in minor form often.

But I can't agree that a doctor is doing his proper job when he sends such patients packing. He isn't unless he has made an honest try at straightening them out. It's surprising what a little firmness, a little time, a little understanding, and a little sympathy can accomplish. I think these would have worked wonders in most of the cases Mr. Brenner cites.

M.D., Pennsylvania
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"... Well, I always prescribe Rorer's Maalox. It's an excellent antacid, doesn't constipate and patients will take it indefinitely."

.....

MAALOX® an efficient antacid suspension of magnesium-aluminum hydroxide gel offered in bottles of 12 fluidounces.

TABLET MAALOX: 0.4 Gram (equivalent to one teaspoonful), Bottles of 100.

TABLET MAALOX No. 2: 0.8 Gram, double strength (equivalent to two teaspoonfuls), Bottles of 50 and 250.

Samples on request.

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VALMID[®] is quick

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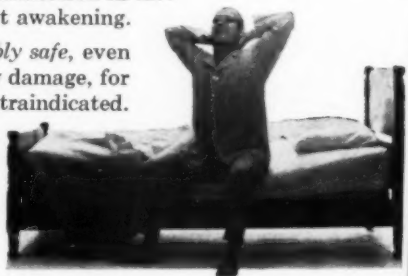


then quits...
lets natural sleep take over



In simple insomnia, usually one Tablet Valmid provides reliable sedation within fifteen to twenty minutes. Because sedation lasts about four hours, Valmid can be administered as late as 3 a.m. and still permit alert awakening.

Nonbarbiturate Valmid is notably safe, even in patients with liver or kidney damage, for whom barbiturates may be contraindicated.



Note Limitations: Valmid will not provide prolonged rest for patients under severe stress.

Dosage: 1 or 2 tablets about twenty minutes before bedtime.

Available: In bottles of 100.

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

024005

News

Now They Play the Market With 27 Cents' Capital

"I could make a killing in the market if I only had the capital." That's a boast many observers of the Wall Street scene have made. But in Britain, there's now no excuse for such idle talk. Anyone who has two shillings (about 27 cents) can try for a killing in the stock market.

All he has to do is figure which ten out of some fifty securities will gain the biggest percentage over a two-week period. Then he mails his predictions, plus his two shillings, to "Bulls and Bears." That's the new nation-wide stock market pool modeled after the traditional British football pools. The winner gets 70 per cent of the pool. The runner-up takes 20 per cent, and the third-place winner gets 10 per cent.

'Build Them to Crash,' Detroit Is Urged

"The American public seems blissfully content to die on credit in an overpowered, overchromed, overfinanced means of violence called the modern motorcar." So charges Rowland B. Kennedy, executive

secretary of the Mississippi State Medical Association. Fully half of the 6,000,000 cars rolling off Detroit's assembly lines this year will be involved in injury-producing crashes during their estimated life of eight years, he predicts.

Doctors don't want this kind of business, Kennedy is convinced. He recalls that medical men were among the first to push for more safety features in cars. The results showed up on 1956 models: seat belts, better door-locks, improved safety glass, recessed steering columns, and padded dashboards.

But since these innovations, believes Kennedy, there has been "a regression." He thinks it's time for doctors to put new pressure on Detroit for safer automobile designs.

"Detroit must take advantage of new and better materials to build safety in and injury out," says Kennedy. These better materials already exist. In demonstrating one of them, a big rubber company "hurled plastic replicas of the human head 70 miles per hour by catapult against steel plates covered with . . . energy absorbing material. Fractures did not occur."

Continued on page 32

Nonsurgical treatment of Endometriosis with

ENO

Seventeen patients¹ with presumed endometriosis selected for pseudopregnancy treatment were given Enovid on a "schedule of 10 mg. daily for ten days, 20 mg. daily for two weeks, and 30 mg. daily thereafter." Treatment was continued for fourteen to twenty weeks.

"They all experienced diminution or elimination of pain during treatment. Nine were entirely free of pain. Others were definitely improved but had occasional episodes of pelvic discomfort....The improvement observed during treatment has generally persisted [during an average follow-up period of five months]. . . . Patients with the most extensive tenderness, nodularity, and symptoms had the best results."

The effect of Enovid in another study is described² as follows:

"Enovid is a potent, orally effective progestin. The addition of 3-methyl ether of ethynylestradiol prevents 'breakthrough' bleeding and produces an ideal mimic of the hormonal changes of pregnancy. Enovid inhibits ovulation, induces a secretory endometrium and produces a decidual effect in areas of endometriosis. It is postulated that, after five to six months of such treatment, decidual necrosis occurs and is followed by gradual absorption."



NOVID[®]

The author² recommends that this therapy be continued for a minimum of five to six months if the pseudopregnancy is being effected to avoid operation. The side effect of nausea, which usually disappears within four or five days, may be diminished by starting with 5 mg. instead of 10 mg. of Enovid, by use of an antiemetic or by administering the drug with the evening meal or with milk or an antacid.

How Supplied: Enovid (brand of norethynodrel with ethynylestradiol 3-methyl ether) is supplied as uncoated, scored, coral-colored tablets of 10 mg. each.

G. D. SEARLE & CO.

CHICAGO 80, ILLINOIS

Research in the Service of Medicine

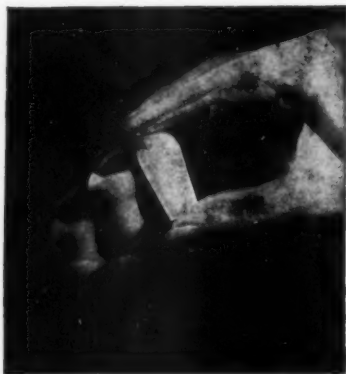


1. Andrews, M. C.; Andrews, W. C., and Strauss, A. F.: Effects of Progestin-Induced Pseudopregnancy on Endometriosis: Clinical and Microscopic Studies, *Am. J. Obst. & Gynec.* 78:776 (Oct.) 1959.
2. Kistner, R. W.: Endometriosis and Infertility, *Clin. Obst. & Gynec.* 2:877 (Sept.) 1959.

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trichomonal
monilial
bacterial (nongonococcus)

MILIBIS®
Vaginal
Suppositories



Average dosage: 1 suppository inserted every other night before retiring, for 10 doses.



Supplied in
boxes of 10 with
plastic applicator.

Sanitary • Assures correct placement.

Winthrop LABORATORIES
NEW YORK 17, N. Y.

Milibis (brand of glycochlorol).
Trademark reg. U.S. Pat. Off.

32 MEDICAL ECONOMICS • JULY 4, 1960

News

It's inexcusable, says Kennedy, that "death by traumatic injury ranks third among all causes, pushing hard against heart disease and cancer. More than half of all traumatic deaths are related to automobiles," he notes. "The medical profession has pointed the way," but it can still do more: It can induce Detroit to "build them to crash."

Pay Parents' Medical Bills? They May Be Fully Deductible

Persons over 65 who are self-supporting have long had this income tax advantage: They can deduct *all* their medical and dental bills, not just those in excess of 3 per cent of their income. Now this tax break has been extended to children who provide support for such elderly parents.

To get this break, a taxpayer must provide more than half the support for either his or his wife's parents. If he does, and if they're 65 or older, he can now consider medical expenses for them as a special item. For example:

Consider a doctor with a \$10,000 adjusted gross income (professional net plus outside income). Last year he had family medical bills totaling \$150, and he paid out another \$100 in medical expenses for

Continued on page 35

X Y L O C A I N E

L O C A L &

T O P I C A L

A N E S T H E T I C

suturing: Xylocaine® HCl Solution applied topically will permit cleaning and suturing of wounds with patient comfort in an emergency or in the office. Fast acting — Safe — Dependable.

bursitis: Xylocaine HCl Solution injected into the painful area will diffuse around the bursae relieving pain promptly — often restoring normal freedom of motion. Prolonged anesthesia often prevents recurring pain.

therapeutic block: Xylocaine HCl Solution interrupts the underlying mechanism of pain, with relief often persisting even after the block has disappeared. It is of value in assisting motion or manipulation; for severe, intractable pain conditions; and in allowing patient comfort for other procedures.

minor surgery: Xylocaine HCl Solution will diffuse over a wide operative field, permitting pain-free removal of warts, cysts, moles, etc., and giving safe, effective, and predictable anesthesia for patient comfort.

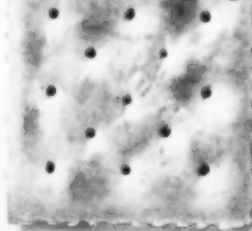
Supplied: Multiple dose vials, 20 cc. and 50 cc.; 0.5%, 1% and 2% without and with epinephrine 1:100,000. Ampules, 2 cc.; 2% without and with epinephrine 1:100,000.



ASTRA



...or
this?



NEEDED: THE APPETITE SUPPRESSANT STRONG ENOUGH AND SAFE ENOUGH TO DO THE JOB

Ambar controls many cases of overeating/obesity refractory to usual therapy. To strengthen the will for successful dieting, the methamphetamine-phenobarbital in Ambar is designed to improve mood without harmful CNS overstimulation. Available in different forms to enable individualization of dosage: **AMBAR #1 EXTENTABS**, 10-12 hour extended action tablets, methamphetamine HCl 10.0 mg., phenobarbital 64.8 mg. **AMBAR #2 EXTENTABS**, methamphetamine HCl 15.0 mg., phenobarbital 64.8 mg. Also conventional **AMBAR TABLETS**, methamphetamine 3.33 mg., phenobarbital 21.6 mg. **A. H. ROBINS CO., INC., RICHMOND 20, VA.**



Ambar™ #1 Extentabs® / Ambar™ #2 Extentabs®

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sting
on or
owing
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warts,
thesia
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suturing: Xylocaine® HCl Solution applied topically will permit cleaning and suturing of wounds with patient comfort in an emergency or in the office. Fast acting — Safe — Dependable.

bursitis: Xylocaine HCl Solution injected into the painful area will diffuse around the bursae relieving pain promptly — often restoring normal freedom of motion. Prolonged anesthesia often prevents recurring pain.

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Supplied: Multiple dose vials, 20 cc. and 50 cc.; 0.5%, 1% and 2% without and with epinephrine 1:100,000. Ampules, 2 cc.; 2% without and with epinephrine 1:100,000.



ASTRA



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Ambar controls many cases of overeating/obesity refractory to usual therapy. To strengthen the will for successful dieting, the methamphetamine-phenobarbital in Ambar is designed to improve mood without harmful CNS overstimulation. Available in different forms to enable individualization of dosage: **AMBAR #1 EXTENTABS**, 10-12 hour extended action tablets, methamphetamine HCl 10.0 mg., phenobarbital 64.8 mg. **AMBAR #2 EXTENTABS**, methamphetamine HCl 15.0 mg., phenobarbital 64.8 mg. Also conventional **AMBAR TABLETS**, methamphetamine 3.33 mg., phenobarbital 21.6 mg. **A. H. ROBINS CO., INC., RICHMOND 20, VA.**



Ambar[™] #1 Extentabs[®] / Ambar[™] #2 Extentabs[®]

new clinical proof

J. P., 3-year-old male.

Shoulder abraded

as result of a fall.

Developed a pyodermatitis
of 3 weeks' duration.

NOV. 24



healed in 6 days with terra-cortril ointment

NOV. 30



for prompt remission in many skin disorders

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brand of oxytetracycline and hydrocortisone

TOPICAL OINTMENT

demonstrably anti-allergic,
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Contains 3% oxytetracycline hydrochloride
(TERRAMYCIN[®]) and 1% hydrocortisone (CORTIL[®]).

Also available:


TERRA-CORTIL EYE/EAR SUSPENSION
for anti-inflammatory, anti-infective action
in ophthalmic and otic disorders.

1. Lubowe, I. I.: Am. Pract. & Digest Treat. 7:962, 1956.

2. Niedelman, M. L.: Ibid. 8:1753, 1957.

3. Cornbleet, T., et al.: J. Invest. Dermat. 27:61, 1956.

Case report in files of Pfizer Laboratories Medical Department

PFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. Brooklyn, N. Y.  Science for the world's well-being[™]

News

his dependent mother. Since these expenses came to less than \$300 — 3 per cent of his income—he couldn't deduct any of them on his tax return for 1959.

On his 1960 return, though, he can handle the same expenses differently. He still can't deduct any of the \$150, because that remains subject to the 3 per cent restriction. But he can deduct all of the \$100, just as his mother would if she were self-supporting.

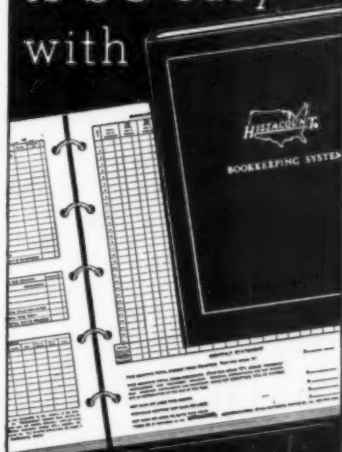
Drug costs don't qualify for this new deduct-in-full rule. Drug deductions are allowed only when such outlays exceed 1 per cent of income.

'Don't Use Gadgets to Hide Pain From Youngsters'

"Some doctors go so far in sparing children pain that their practice of medicine becomes questionable." That's the opinion of Columnist Shirley Camper, writing in Redbook Magazine. She notes that many physicians use toys, trinkets, and gadgets to take youngsters' minds off pain. Such deception may often have adverse effects on the child, she observes, because "it prevents him from finding out what he can take and how he can handle himself in the face of difficulty."

Continued on page 38

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**in premenstrual
tension**



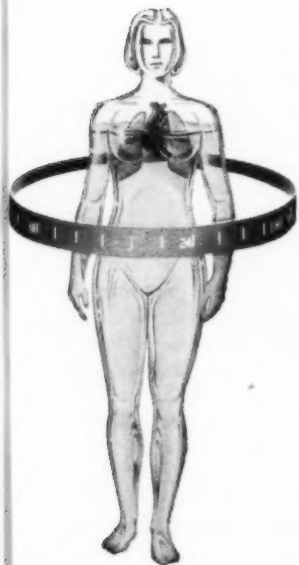
**clinicians report
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HYDRODIURIL[®]
HYDROCHLOROTHIAZIDE

increased potency—without corresponding increase in side effects

Fuchs, M. and Moyer, J.:
Diseases of the Chest 35:314, (March) 1959.

"Premenstrual edema is present in 40% of women and...consists of weight gain, subcutaneous edema, emotional lability, breast turgidity, anxiety and tension." In addition to controlling the objective symptoms of premenstrual tension, HYDRODIURIL may afford relief of subjective complaints including tension, nervousness and headache.



DOSAGE: 25 to 50 mg. of HYDRODIURIL once or twice a day, beginning the first morning of symptoms and continuing until the onset of the menses.

SUPPLIED: 25 and 50 mg. scored tablets HYDRODIURIL (hydrochlorothiazide) in bottles of 100 and 1,000.

HYDRODIURIL is a trademark of Merck & Co., Inc. Additional information on HYDRODIURIL is available to the physician on request.



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Division of Merck & Co., Inc. West Point, Pa.

News

She cites the case of a pediatrician who pampered a small girl. He even declined to give her an injection when she raised a fuss. So the mother took the child to another physician, who administered the needed injection. The youngster not only accepted it with little fear; she boasted about her ability to "take it," relates Miss Camper.

There's a big difference, the writer concludes, "between easing pain with a lollipop, circling arms, or an anesthetic spray and trying to disguise its very existence with a plethora of gadgets and sweet-sounding but basically false statements . . . To sugar-coat and attempt to hide reality does not protect the child."

These New I.R.S. Rulings Will Affect Doctors

Physicians may be able to tax-deduct alumni association contributions this year that they couldn't have deducted in past years. That's the gist of a recent Internal Revenue Service ruling. The Service formerly held that such an association had to be part of a university before contributions to it were tax-deductible. Now any alumni group can qualify if its prime purpose is charitable rather than social.

Another new ruling means that

doctors won't be able to tax-deduct certain out-of-pocket expenses in case of a casualty loss. There's no question about a doctor's being able to deduct for damage to his home. But suppose the damage is so great that he has to move out temporarily. Can he deduct the costs of living elsewhere—such as rent and meals? No, says the Government; these are nondeductible personal expenses.

'Tween-Age Medicine?

A prominent New Jersey physician foresees the success of new medical specialties by the time the doctors of the next generation go to medical school. Dr. Henry A. Davidson, writing in the New Jersey Medical Journal, says: "Perhaps in the next generation's medical-school catalogues, ephebiatrics [teen-age medicine] will fall in its logical place between pediatrics and geriatrics. And then someone may develop medicine for the middle-aged—medieval medicine, maybe?"

'Patients Gripe Less When They Understand Bills'

Doctors in one area may soon be hearing fewer complaints about patients' hospital bills. That's because about 150 hospitals there recently agreed on a plan to itemize bills in detail so patients can see

Continued on page 42

"Eating better?
He's got a tiger's appetite!"



"Troph-Iron" not only gives a healthy boost to appetite, but also promotes growth and corrects nutritional iron deficiency in the child who is underpar.

☞ The dosage? One tasty, cherry-flavored teaspoonful (5 cc.) daily—or as you direct.

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TROPH-IRON® Liquid

B₁₂-Iron-B₁

Also available: "Troph-Iron" Tablets.

when the diagnosis is clear...

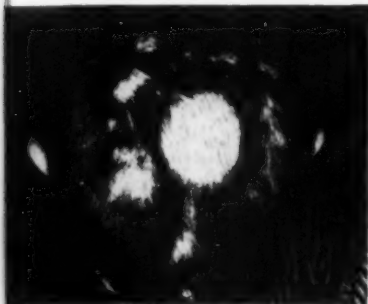
in superficial fungous infections of skin, hair and nails due to
Microsporum, *Trichophyton* and *Epidermophyton* organisms



Schering

the ringworm is cleared

to and the patient is freed from the embarrassment of epilation and skullcaps, the nuisance of topical medications and the potential hazard of x-ray treatments.



Before FULVICIN—tinea capitis in a 7-year-old boy. Infecting organism: *Microsporum audouinii*. Duration of disease: 1 year.



After FULVICIN—tinea capitis 2 months after the conclusion of 6 weeks of oral treatment.

PHOTO COURTESY OF R. BUREAU RICHMAN, M.D., GAITHERSBURG, MD.



Before FULVICIN—tinea pedis of the soles caused by *Trichophyton rubrum*.



After FULVICIN—remarkable improvement in tinea pedis lesions after 3 months of oral treatment.

PHOTO COURTESY OF HARRY L. NECHESER, M.D., HAGERSTOWN, PA.

9-403

News

exactly what they're paying for.

These hospitals observed that a lot of patients resent hospital bills simply because they can't understand them. In particular, patients can't understand why one institution should charge twice as much as another for what appears to be (but really isn't) the same service.

Now that confusion should end. According to the Hospital Council of Southern California, which drew up the new plan for its area, 150 institutions are currently breaking down their charges into

the same agreed-upon categories: "Room rate," for example, refers to the same services in one of these hospitals as it does in all the rest.

As a result:

A patient who thinks his bill is high can see exactly why. That's because the basic rate covers the same costs in all the hospitals. Any individual charges are then listed separately.

The basic daily charge now reflects actual costs, because room rates are figured by allocating part of the hospital's operating cost to each patient.

Thus, say the plan's designers,
Continued on page 46

WHAT STATE IS YOUR PATIENT IN?

CAPILLARY INVOLVEMENT CASES

GERIATRIC CASES
(involving cerebral vascular accidents)

RADIATION THERAPY

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*specific
for
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headache...*



FIORINAL *relieves pain, muscle spasm, nervous tension*

rapid action · non-narcotic · economical

"We have found caffeine, used in combination with acetylsalicylic acid, acetophenetidin, and isobutylallylbarbituric acid, [Fiorinal] to be one of the most effective medicaments for the symptomatic treatment of headache due to tension."

Friedman, A. P., and Merritt, H. H.: J.A.M.A. 163:1111 (Mar. 30) 1957.

Fiorinal Tablets—Each tablet contains: Sandoptal (Allylbarbituric Acid N.F. X) 50 mg. ($\frac{3}{4}$ gr.), caffeine 40 mg. ($\frac{1}{2}$ gr.), acetylsalicylic acid 20 mg. (3 gr.), acetophenetidin 130 mg. (2 gr.).

Dosage: 1 or 2 tablets every 4 hours, according to need, up to 6 per day.



for a smooth downward curve

References: 1. Reports to the Squibb Institute, 1960. 2. David, N. A.; Porter, G. A., and Gray, R. H.: *Monographs on Therapy* 5:60 (Feb.) 1960. 3. Stenberg, E. S., Jr.; Benedetti, A., and Forsham, P. H.: *Op. cit.* 5:46 (Feb.) 1960. 4. Fuchs, M.; Moyer, J. H., and Newman, B. E.: *Op. cit.* 5:55 (Feb.) 1960. 5. Marriott, H. J. L., and Schamroth, L.: *Op. cit.* 5:14 (Feb.) 1960. 6. Ira, G. H., Jr.; Shaw, D. M., and Bogdonoff, M. D.: *North Carolina M. J.* 21:19 (Jan.) 1960. 7. Cohen, B. M.: *M. Times*, to be published. 8. Breneman, G. M. and Keyes, J. W.: *Henry Ford Hosp. M. Bull.* 7:281 (Dec.) 1959. 9. Forsham, P. H.: *Squibb Clin. Res. Notes* 2:5 (Dec.) 1959. 10. Larson, E.: *Op. cit.* 2:10 (Dec.) 1959. 11. Kirkendall, W. M.: *Op. cit.* 2:11 (Dec.) 1959. 12. Yu, P. N.: *Op. cit.* 2:12 (Dec.) 1959. 13. Weiss, S.; Weiss, J., and Weiss, B.: *Op. cit.* 2:13 (Dec.) 1959. 14. Moser, M.: *Op. cit.* 2:13 (Dec.) 1959. 15. Kahn, A., and Grenblatt, I. J.: *Op. cit.* 2:15 (Dec.) 1959. 16. Grollman, A.: *Monographs on Therapy* 5:1 (Feb.) 1960.

New Rautrax-N results in prompt lowering of blood pressure.¹ Rautrax-N, a new and carefully developed antihypertensive - diuretic preparation, provides improved therapeutic action¹ plus enhanced diuretic safety for all degrees of essential hypertension. A combination of Raudixin and Naturetin, Rautrax-N facilitates the management of hypertension when rauwolfia alone proves inadequate, or when prolonged treatment, with or without associated edema, is indicated.

Naturetin, the diuretic of choice, also possesses marked antihypertensive properties, thus complementing the known antihypertensive action of Raudixin. In this way a lower dose of each component controls hypertension effectively with few side effects and a greater margin of safety.¹⁻¹⁶

Other advantages are a balanced electrolyte pattern¹⁻¹⁶ and the maintenance of a favorable urinary sodium-potassium excretion ratio.²⁻¹⁶ Clinical studies¹⁻⁵ have shown that the diuretic component of Rautrax-N - Naturetin - has only a slight effect on serum potassium. The supplemental potassium chloride in Rautrax-N provides additional protection against potassium depletion which may occur during long term therapy.

Rautrax-N may be used alone or with other antihypertensive drugs, such as ganglionic blocking agents, veratrum or hydralazine, when such drugs are needed in occasionally difficult patients.

Supply: Rautrax-N—capsule-shaped tablets providing 50 mg. Raudixin (Squibb Rauwolfia Serpentina Whole Root) and 4 mg. Naturetin (Squibb Benzhydroflumethiazide), with 400 mg. potassium chloride. Dosage: Initially — 1 to 4 tablets daily after meals. Maintenance — 1 or 2 tablets daily after meals; maintenance dosage may range from 1 to 4 tablets daily. For complete instructions & precautions see package insert. Literature available on request.

Squibb Quality—the
Priceless Ingredient

SQUIBB



The proved, effective antihypertensive —
now combined with a safer, better diuretic

RAUTRAX-N*

Squibb Standardized Whole Root Rauwolfia Serpentina (Raudixin)
and Benzhydroflumethiazide (*Naturetin) with Potassium Chloride

*RAUDIXIN® *RAUTRAX® AND *NATURETIN® ARE SQUIBB TRADEMARKS.

News

it'll be easy to spot an inefficiently run hospital, because high overhead costs will be evident.

Elections Will Spur Stock Prices, Broker Predicts

Is there any truth to the old story that the stock market tends to rise during Presidential election years? Yes, says Arthur Wiesenberger & Co. After tracing the course of stock prices for the fifteen Presidential election years since 1900, the brokerage firm finds that "stock prices tend to be more

buoyant in [these] years than in other years."

According to the Wiesenberger figures, there's a "definite tendency" for the market to rise during certain months in election years. The boom months: June-August (the period that covers the nominating conventions) and October-November (the election period).

Stock prices often rise anyway during the summer months, points out Wiesenberger. But during election years, the upturn tends to be sharper; it starts earlier, lasts longer, and goes higher.

Continued on page 50

even
"ladies"
like
cherry-flavored
VI-TYKE®
LIQUID MULTIVITAMINS

SYRUP—12 fl. oz. push-button can. Each 5 cc. teaspoonful contains: Vitamin A (Palmitate) 3,000 U.S.P. Units • Vitamin D 800 U.S.P. Units • Thiamine HCl (B₁) 1.5 mg. • Riboflavin (B₂) 1.5 mg. • Pyridoxine HCl (B₆) 1 mg. • Ascorbic Acid (C) 40 mg. • Vitamin B₁₂ 3 mcgm. • Niacinamide 10 mg. • Pantothenic Acid (as Panthanol) 1 mg. • Methylparaben 0.08% • Propylparaben 0.02%. Also available in concentrated form:

PEDIATRIC DROPS—50 cc. bottle.

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AMERICAN CYANAMID COMPANY, Pearl River, N. Y.





a
refinement
in rauwolfia
alkaloid
therapy
moderj[®]
brand of rescinamine

FOR BETTER MANAGEMENT OF HYPERTENSION

a purified alkaloid of rauwolfia . . . lessens the frequency and/or severity of these reserpine side effects:

mental depression • bradycardia • sedation • weakness
• fatigue • lassitude • sleepiness • nightmares • gastro-
intestinal effects

useful *alone* for gradual, sustained lowering of blood pressure in mild to moderate labile hypertension

useful *as an adjunct* to other types of antihypertensive agents, permitting their use in lower, better tolerated dosage

Professional information available on request

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Science for the world's well-being™

NOW in contact dermatitis for fast relief...press and release



- prompt relief of burning and itching
- less risk of spreading dermatoses—no hand application
- more uniform treatment
- imparts softness and pliability to the skin
- efficient spray from any angle

plus

- mg. for mg. the most active steroid
- optimal steroid concentration
- the quick-acting broad activity of neomycin

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DEXAMETHASONE-NEOMYCIN SULFATE

the new touch in topical therapy



Dosage: Apply to the affected area 2 or 3 times a day. Dosage may be adjusted up or down depending upon severity of the disorder. Hold aerosol container approximately 6 inches from the affected area and allow a one- or two-second spray for each 4-inch-square area to be treated (i.e., one second for an area the size of the back of the hand). Each second of spray dispenses approximately 0.075 mg. of dexamethasone and 0.375 mg. of neomycin sulfate.

Supplied: In 90-Gm. seamless, pressurized cans, containing 10 mg. dexamethasone and 50 mg. of neomycin sulfate (equivalent to 35 mg. neomycin base).

Additional information on DECASPRAY is available to physicians on request.

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Division of Merck & Co., INC., West Point, Pa.

News

To the doctor-investor, the Wiesberger analysis suggests the possibility for some agile investing in the months immediately ahead. Its sum-up: "The probability appears better than even that some buying opportunity, at least for potential short-term profits, may present itself over the coming weeks."

Move in the Right Direction May Double Your Fees

A doctor practicing in Philadelphia is likely to get less than half as much for a house call as he'd

get if he were practicing in Atlanta. And the chances are that an appendectomy performed in Washington, D.C., will bring little more than half the fee that the same procedure would bring in Los Angeles. These are among the most noteworthy regional differences turned up in the Health Insurance Institute's latest study of "average medical costs" in eleven major cities.

As the accompanying table shows, Los Angeles has the highest average fees in four procedures out of five. The exceptions: OB fees, which are highest in New

Continued on page 54

AVERAGE FEES IN ELEVEN MAJOR CITIES

City	Office Visit*	House Visit*	Obstetrical Case	Appendectomy	Tonsillectomy
Atlanta	\$4.51	\$8.50	\$162	\$160	\$ 85
Boston	3.80	6.00	148	175	66
Chicago	5.00	7.75	145	170	91
Cincinnati	3.65	6.25	114	155	73
Los Angeles	5.90	9.70	183	235	102
Minneapolis	3.35	6.80	120	168	55
New York	3.83	5.00	184	191	90
Philadelphia	3.50	4.17	152	158	74
St. Louis	3.85	5.70	120	183	76
San Francisco	5.17	7.83	170	215	99
Washington	4.80	5.65	154	150	69

*General practitioner services only.

Source: 1960 estimates by the Health Insurance Institute, based on 1958 figures from the Bureau of Labor Statistics.

in PEDIATRIC STAPH. INFECTIONS



Lilly

...clinicians concur that ILOSONE® WORKS

In a recent study, 39 staphylococcus infections in infants and children were treated with the lauryl sulfate salt of Ilosone. The authors reported that a number of these were severe infections "... with hospital-acquired, drug-resistant strains and had been unsuccessfully treated with other antibacterial agents ... 10 had bacteremia. Many of the patients had multiple clinical expressions of infection concurrently. . . . Of the 39 with staphylococcal infections . . . a satisfactory response was obtained in 33."¹

This confirms typical findings in adult patients. For example:

"In our hands it has been particularly effective . . . in staphylococcal disease."²
 "... well tolerated and effective, particularly in staphylococcal diseases."³

Pediatric Forms: SUSPENSION, 125 mg., base equivalent, per 5-cc. tsp.; and DROPS, 5 mg., base equivalent, per drop.

Pediatric Dosage: Children, 10 pounds, 50 mg. q. 6 h.; 25 pounds, 125 mg. q. 6 h.; 50 pounds or more, 250 mg. q. 6 h.

1. Antibiotics Annual, 1959-1960.
2. J.A.M.A., 170:184, 1959.
3. Antibiotics Annual, 1959-1960. Ilosone® (propionyl erythromycin ester, Lilly)

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

002500

“ In spite of the enormous growth of the pharmaceutical industry and the tremendous investment that drug manufacturers put into research, the chances of their developing really new drugs that act along new principles . . . remain very small indeed. As a result only a very small fraction of the new preparations that are marketed each year represent such truly new drugs. ”

New England J. Med., Dec. 3, 1959, p. 1190.

Maltbie Laboratories is proud to announce such a truly new chemical entity: 1-aminophenyl-2-pyridone. Its name . . .

Dornwal

for treatment of anxiety and tension
without causing drowsiness

therapeutically outstanding: effectively interrupts tension headache / relieves acute emotional upsets / does not produce depression or depersonalization / is well suited to ambulatory patients / is virtually devoid of hypnotic or sedative activity / patients remain alert without undue stimulation /

MALTBIE LABORATORIES DIVISION Wallace & Tiernan Incorporated Belleville 9, New Jersey

a tranquilizer with minimal side effects:

Look at the dramatically low incidence in an unselected group of 593 patients . . .

Symptoms	Patients	Symptoms	Patients
Drowsiness	9	Tinnitus	1
Sedation	2	Stimulation	3
Nausea	7	Insomnia	1
Pruritus	2	Dry mouth	8
Blurring vision	4	Exanthema	2
		Tremor	3

Dornwal

DROWSINESS WAS MINIMAL

(only 9 out of 593 patients: less than 2% . . . statistically not significant)

Prescribe Dornwal for your next patients who need a tranquilizer but cannot afford to be drowsy. Write for your trial supply.

Indications: anxiety and tension, various types of psychoneuroses, tension headache, menopausal syndrome, alcoholism, premenstrual tension, behavior problems in children.

Dosage: One or two 200 mg. tablets three times a day. Children, one or two 100 mg. tablets two times a day. Administration limited to three months duration.

Supply: 200 mg. yellow scored tablets, and 100 mg. pink tablets, each in bottles of 100 and 500.

No absolute contraindications to the use of Dornwal are known. There have been no reports or evidence of habituation, addiction or drug tolerance in animal or clinical studies. Dornwal has proved to be relatively free from untoward effects when administered at recommended dosage.

References: 1. Landis, C.; Whittier, J. R.; Dillon, D., and Link, R.: Clinical findings and psychophysiological tests of the effects of a new psychopharmacologic agent: Dornwal, *Am. J. Psychiat.* **116**:747 (Feb.) 1960. 2. Litchfield, H. R.: Aminophenylpyridone, a new mood-stabilizing drug, *Arch. Pediat.*, in press. 3. Cass, L. J.; Frederik, W. S., and Teodoro, J.: Evaluation of Calmative Agents: Revision of methods, *Am. Pract. & Digest Treat.*, in press. 4. Nodine, J. H.; Bodi, T.; Levy, H. A.; Siegler, P. E., and Moyer, J. H.: The use of amphenidone as an ataractic agent in outpatients, *American Federation for Clinical Research*, New Orleans, Jan., 1960. 9. Cantelmo, A. L.: Clinical evaluation of aminophenylpyridone as a new drug for stabilizing emotional behavior, *Current Therap. Res.* **2**:72 (Feb.) 1960.

Dornwal

POL-02

News

York, San Francisco and Chicago also have high average fees. Among the lowest-fee areas: Philadelphia, Minneapolis, and Cincinnati.

Medical Switchboard Girls Reset Fractured English

"Can you give me the name of a good veneer doctor?" the caller asked.

What's a veneer doctor? One who treats skin conditions, maybe? A girl new to the switchboard might have thought so. But the seasoned switchboard operator for the Los Angeles County Medical Association knew at once that the caller wanted a doctor who treats venereal diseases.

Long used to such strangely worded requests, the medical association's phone girls can figure out what almost any caller means, says the Association's Bulletin. Among further examples of the opaque questions that operators see through are these:

"Give me the name of a doctor that's up on the shingles."

"Would you give me a doctor that specializes in the rectum—the cologne, I think you call it?"

"I'm new in the area, and I have to have a hernia."

"I would like to obtain the

name of an eye doctor—not an optimist."

"Could you refer me to a big stomach specialist?"

"Give me a doctor that the state takes care of in the vicinity of Manhattan Place."

Even some doctors might have been stumped by that last one. But the L. A. phone girl understood right away that the man wanted the address of a state-supported clinic.

M.D. Gives Free Care to 563 Patients Each Year

How many free patients does the average physician treat annually? To find out, the Philadelphia County Medical Society asked its members to do some tabulating. The average total cited by the surveyed doctors: 563. According to replies:

1. The average physician treated fifty-four patients without charge in such places as the patient's home, nursing homes, and church homes. General practitioners handled more free patients outside of clinics and hospitals than specialists did.

2. The average physician contributed 150 free hours in clinics. Specialists gave more time than G.P.s; dermatologists, ophthalmologists, surgeons, and ENT men topped the list of specialists in the amount of free time given. *More▶*

a steady
vitamin stream
all day long...



not a vitamin flash flood

'Fortespan' does not release a flood of vitamins that is quickly dissipated by destruction and excretion. Instead, your patient receives a steady stream of vitamins all day long after one 'Fortespan' capsule in the morning. This new method of presenting therapeutic multivitamins is designed to provide more efficient utilization and less vitamin waste by slowly releasing a continuous supply of the water-soluble vitamins over a prolonged period. Each capsule contains the following water-soluble vitamins in sustained release form: thiamine mononitrate (B_1), 6 mg.; riboflavin (B_2 as the phosphate), 6 mg.; pyridoxine HCl (B_6), 6 mg.; Vitamin B_{12} , 6 mcg.; nicotinamide, 60 mg.; pantothenic acid (as *dl*-panthenol), 6 mg.; and ascorbic acid (C), 150 mg. 'Fortespan' also contains these fat-soluble vitamins (which are readily absorbed and stored from one large dose and, therefore, are not in sustained release form): Vitamin A, 15,000 U.S.P. Units; and Vitamin D, 1,000 U.S.P. Units. Smith Kline & French Laboratories, Philadelphia.

Fortespan^{*}

^{*}Trademark

brand of high potency multivitamins—therapeutic formula—in Spansule® sustained release capsules

SMITH
KLINE &
FRENCH

MEDICAL ECONOMICS • JULY 4, 1960 55

News

3. The average physician gave free medical care to 304 patients in the clinic and then cared for sixty-three more in his own office. Gynecologists, surgeons, and ophthalmologists treated more patients free than the other specialists.

4. The average physician also handled 142 free hospital patients and gave much of his time to free consultation on ward cases. Pathologists, anesthesiologists, and internists were the top contributors here.

Mortgage Credit Easing, Down Payments Lower

Physicians buying homes in some parts of the country will now find that mortgage loans are easier to get than they were a few months ago. What's more, many an M.D. may be able to obtain a Federal Housing Administration insured mortgage with a \$500 smaller down payment. The F.H.A. has trimmed down payments required for all homes—both old and new—costing more than \$14,000.

For example, the F.H.A. now requires \$2,400 down, instead of \$2,900, for a \$23,000 home. A \$25,000 house can be bought for \$3,000 down, instead of \$3,500, as previously.

But although lenders are now

authorized to grant F.H.A. insured mortgages with lower down payments, lenders don't *have* to. And in some areas, mortgage funds are still tight enough so that lenders may not make this concession.

Russians End Income Tax, But Stiff Levies Remain

The headline appeared while you were still recovering from your April 15 tax bite. "Russia Abolishes Income Tax," it said.

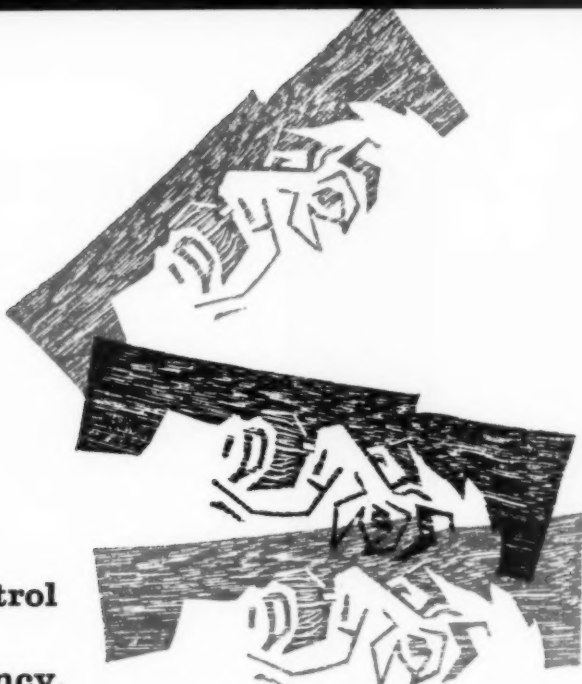
An enviable state of affairs? Not so. It's true that Russians will be paying less and less income tax until it's finally abolished in five years. But the Soviet Government is getting only 8 per cent of its revenue from income taxes. The rest comes mostly from food, clothing, and entertainment taxes. These are stiff and getting stiffer. Already a Russian's grocery bill may be 60 to 88 per cent taxes.

'Staff Doctors Are Usurping Power of Hospital Trustees'

If present trends continue, the future job of hospital trustees will be limited to raising funds and to hiring and firing hospital administrators.

True, trustees legally control the over-all management of their hospitals. But they're losing this control to doctors and others associated with the hospitals.

Continued on page 60



**To control
fear,
frequency,
and severity of anginal attacks**

Equanitrate^{*}

Meprobamate and Pentaerythritol Tetranitrate, Wyeth

EQUANITRATE helps control pain and accompanying anxiety in angina pectoris. It reduces the number and severity of attacks, increases exercise tolerance, and lessens nitroglycerin dependence.

A recent double-blind study† comparing meprobamate, a placebo, PETN, and EQUANITRATE states: "The best results . . . in both clinical and electrocardiographic response, were observed with a combination of meprobamate and pentaerythritol tetranitrate [EQUANITRATE]. . . ."

For further information on prescribing and administering EQUANITRATE see descriptive literature, available on request.

Wyeth Laboratories

Philadelphia 1, Pa.

†Russek, H.I.: Am. J. Cardiol. 3:547 (April) 1959.

Supplied: EQUANITRATE 10 (200 mg. meprobamate, 10 mg. pentaerythritol tetranitrate), white oval tablets, vials of 50. EQUANITRATE 20 (200 mg. meprobamate, 20 mg. pentaerythritol tetranitrate), yellow oval tablets, vials of 50. ^{*}Trademark



A Century of
Service to
Medicine

PDR
1960

PHYSICIANS' DESK REFERENCE

FOURTEENTH
EDITION

HOW TO GET MORE

IF YOU WANT TO FIND . . .

the brand name of a drug

the manufacturer's name

essential product information;
composition, action & uses, ad-
ministration, dosage, precautions,
contraindications, how supplied,
literature available

a drug with a particular pharma-
cological action

a drug with a particular major in-
gredient

a drug with a particular therapeu-
tic indication

generic name of a brand name
drug

OUT OF YOUR 1960 PDR

AND YOU ALREADY KNOW...

HERE'S WHERE TO LOOK...

the manufacturer's name	Pink Section, Part II: Alphabetical Index by Manufacturers.
its generic name	Yellow Section: Drug, Chemical, and Pharmacological Index*
the drug's brand name	Pink Section, Part I: Alphabetical Index by Brand Names*
the drug's generic name	Yellow Section: Drug, Chemical, and Pharmacological Index*
the drug's brand name	Pink Section, Part I: Alphabetical Index by Brand Names*
the pharmacological action	Yellow Section: Drug, Chemical, and Pharmacological Index*
the major ingredient	Yellow Section: Drug, Chemical, and Pharmacological Index*
the therapeutic indication	Blue Section: Therapeutic Indications Index*
the drug's brand name	Pink Section: Part I, Brand name index. Generic name will be found under "Composition" in White Section.

*In the Pink, Yellow, and Blue Sections, the page number following the drug name refers to the page in the White Section where the drug is comprehensively described. If no page number is listed, the drug is not described in the White Section.

News

So argues James E. Ludlam of Los Angeles, legal counsel for the Association of Western Hospitals. Here's how he says medical staffs are taking away the trustees' authority:

Hospital boards have considered themselves unqualified to judge the professional abilities of a physician. So they've often turned such power over to the medical staffs. Yet by doing this, hospitals "have lost their authority to resolve problems with the doctor whose activities are inimical to the best interest of the hospital but do not involve professional competence."

What sort of doctor does he mean? "The doctor who continuously abuses hospital personnel, or [who] makes it a practice to steal hospital personnel to staff his own office, or [who] shows marked disloyalty to the hospital by criticizing it in the community or to his patients."

What's more, medical staff by-laws continue to limit the trustees' authority, says Ludlam. "At first, the board could not terminate privileges midterm without consultation with the staff; now the renewal of staff privileges is a matter of consultation, and in some instances we find staffs demanding the complete authority."

Even worse, medical staffs are handcuffing hospital boards in working out adequate emergency care. "Even in hospitals blessed with internes and residents, [the emergency program will fail] unless the medical staff furnishes proper supervision and consultation. [And] the increased sabotage by medical staffs of the compulsory panel system is serious."

Oddly enough, says Ludlam, "doctors attack the hospitals for intruding into the practice of medicine; but . . . they encourage this very result by refusing to voluntarily staff emergency departments. The problem will become rapidly more acute with the limitation on the availability of internes and residents."

Moreover, medical staffs continue to seek voting representation on hospital boards, and this also disturbs Ludlam: "If this is to be an accepted procedure, then other organized groups can justly make similar demands. Certainly this would apply to the community fund that helps support the hospital or the organized labor that claims to speak for the employees."

Concludes Ludlam: "Certainly the board has the right to rely on its medical staff. But this does not mean that the board can abdicate its responsibility to see that the medical staff lives up to its delegated responsibilities." END

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**New!...
for
appetite
control**



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Controls compulsive overeating

**CURBS APPETITE...RELIEVES TENSION HUNGER
TRANQUILIZES "DIET JITTERS"**

Why do so many overweight patients so often break their diets?

The reason is usually tension. Now—Appetrol has been formulated to help you solve this problem.

Appetrol provides dextro-amphetamine to curb your patient's appetite. Even more important, it provides meprobamate to control compulsive overeating, to ease the

frustration of the dietary regimen—and to minimize the jittery effects of amphetamine.


Thus, Appetrol does more than other anorectics which merely suppress appetite. Appetrol also tranquilizes tension hunger to give more complete control of compulsive overeating. Your patients find it easier to stay on their diets—even during prolonged periods.

Usual dosage: 1 or 2 tablets one-half to 1 hour before meals. Each tablet contains: 5 mg. dextro-amphetamine sulfate and 400 mg. meprobamate.

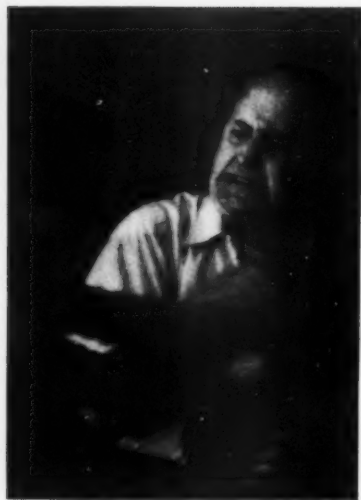
Available: Bottles of 50 pink, scored tablets.

Appetrol
DEXTRO-AMPHETAMINE + MEPROBAMATE

for appetite control

 **WALLACE LABORATORIES/New Brunswick, N. J.**

announcing
"Timovan"
Brand of Prothipendyl hydrochloride
completely
new
calmative



for the temperamental
older patient



for the emotional teen-ager

6024

62 MEDICAL ECONOMICS • JULY 4, 1960



AY
New

"Timovan"

Brand of Prothipendyl hydrochloride

notably in geriatrics and adolescents

Specifically developed for active patients in need of calming without the "slow-down" of sedatives or the hazards of many tranquilizers. "TIMOVAN" offers a new range of safety and effectiveness in the relief of tension in the ambulatory patient, notably the adolescent and the geriatric. Particularly valuable in conditions in which excessive emotional response complicates therapy, as in dermatoses and allergies.¹⁻⁴

- Reduces excessive response to irritating stimuli.
- Stabilizes the autonomic nervous system.
- Nonhypnotic, yet improves sleep pattern.
- No sensitivity reactions or toxicity reported.
- Has not given rise to drug tolerance even on prolonged use.
- Nonaddictive.
- Preferred to barbiturates.

AYERST LABORATORIES
New York 16, N. Y. • Montreal, Canada

DOSAGE: One or two tablets three or four times daily. Depending on age of patient and severity of symptoms, dosages ranging from 100 mg. to 400 mg. daily (in divided doses) have been used effectively and safely.

CONTRAINDICATIONS: Not to be used in cases of acute alcoholism or barbiturate poisoning.

SUPPLIED: "TIMOVAN" No. 739 — 25 mg. tablets. No. 740 — 50 mg. tablets. Bottles of 100 and 1,000.

REFERENCES: 1. Medical Records of Chemiewerk Homburg A/G. 2. Linke, H.: München. med. Wchnschr. 100:969 (June 20) 1958. 3. Quandt, V. J., Von Horn, L., and Schliep, H.: Psychiat. et Neurol. 135:197 (Mar.) 1958. 4. Medical Records of Ayerst Laboratories.

"For my patients who need a laxative, I recommend Caroid and Bile Salts Tablets. They relieve constipation gently and help to avoid straining. This is particularly important in cardiac and postsurgical patients."



Caroid & Bile Salts Tablets

The combined action of the principal ingredients in Caroid and Bile Salts Tablets provides 3-way, physiologic relief of constipation.

Caroid® — potent proteolytic enzyme for improved protein digestion.

Bile salts — choleric for treatment of biliary stasis; hydrotropic for soft, well-formed stools.

Stimulant — to improve smooth muscle tone, restore regularity.

Dosage: 1 or 2 Caroid and Bile Salts Tablets should be taken with at least 1 glass of water about 2 hours after breakfast and at bedtime.

Samples on Request.

American Ferment Co., Inc., 1450 Broadway, New York 18, N. Y.

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In
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tain
Sulfa
Then
Guai
100

For demonstrably greater relief in asthma¹

BRONKOTABS[®]

CLEARs the bronchial tree of thick mucus and **DILATES** the bronchioles

Bronkotabs is more effective because it is more comprehensive in treatment. First, Bronkotabs dilates bronchioles, combats local edema and provides mild sedation.

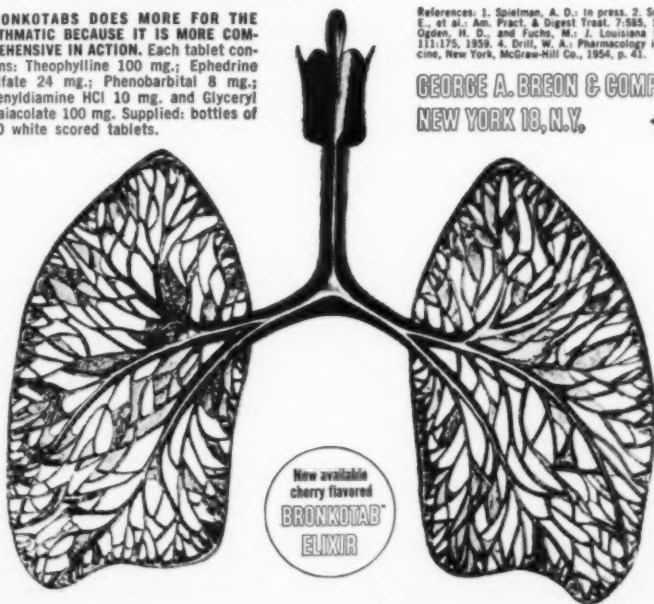
In addition, Bronkotabs decongests, using a most effective expectorant (glyceryl guaiacolate)² to liquefy and help expel the thick, tenacious mucus which is the cause of much of the respiratory distress in chronic asthma.³ Since asthma is a chronic allergic disease of the bronchial tree,³ Bronkotabs also supplies a highly efficient antihistamine (thenyldiamine) for prophylactic maintenance.⁴ Marked and consistent relief of symptoms with minimum side effects can be expected with a dose of one tablet every three or four hours, not to exceed five times daily.

In a recent study¹ of 40 patients with asthma, 33 patients (82.5%) reported Bronkotabs brought fair to good relief from asthmatic symptoms. Asthma relief was expressed by ease of expectoration of secretions, reduction of bronchospasm, and increased vital capacity. "The combination of drugs used in . . . [BRONKOTABS] . . . gave greater relief in these patients than the conventionally used tablet [ephedrine, theophylline, phenobarbital] . . ."

BRONKOTABS DOES MORE FOR THE ASTHMATIC BECAUSE IT IS MORE COMPREHENSIVE IN ACTION. Each tablet contains: Theophylline 100 mg.; Ephedrine Sulfate 24 mg.; Phenobarbital 8 mg.; Thenyldiamine HCl 10 mg. and Glyceryl Guaiacolate 100 mg. Supplied: bottles of 100 white scored tablets.

References: 1. Spielman, A. D.: in press. 2. Schwartz, E., et al.: *Am. Pract. & Digest Treat.* 7:585, 1956. 3. Ogden, H. D., and Fuchs, M.: *J. Louisiana M. Soc.* 111:175, 1959. 4. Drill, W. A.: *Pharmacology in Medicine*, New York, McGraw-Hill Co., 1954, p. 41.

GEORGE A. BREON & COMPANY
NEW YORK 18, N.Y.





High in appetite appeal, but low in calories!

The secret of a successful low calorie diet is acceptance

A low calorie diet that lets your patient "fill in the details" provides incentive for him to stick to it. A rigid diet that calls for "specifics" is an invitation to slip off.

The patient should remember that alternate dishes must be equivalent in nutrition as well as in calories. Delicious,

low calorie dishes to recommend are broiled chicken with lemon, garlic or thyme.

Fish broiled and herb-seasoned is also excellent. Or a low calorie "nibble" plate of radishes, carrots, peppers and celery. Fruit-flavored gelatins or fresh fruits like grapefruit top off the dieter's meals.



And with your approval, a glass of beer can add zest to your patient's diet.

104 calories 8 oz. glass
(Average of American Beers)



United States Brewers Foundation

If you'd like reprints of this and 11 other different diet menus for your patients, write United States Brewers Foundation, 535 Fifth Avenue, N. Y. 17, N. Y.



how does Mellaril differ from other potent tranquilizers?



Mellaril[®]
THIOBENZINE HCl

*provides highly effective tranquilization,
relieves anxiety, tension, nervousness,*

but is virtually free of such toxic effects as

jaundice

Parkinsonism

blood dyscrasia

dermatitis



greater specificity of tranquilizing action results in fewer side effects



Virtual freedom of Mellaril from major toxic effects is due to greater specificity of tranquilizing action — divorced from such "diffuse" effects as anti-emetic action.



Mellaril

THIORIDAZINE HCl

specific, effective tranquilizer

"The most striking aspect of thioridazine [MELLARIL] therapy is the poverty of side-effects."

"In conclusion it may be said that thioridazine is at least as effective in relieving psychiatric illness as other drugs of its class. On a milligram for milligram basis it has the same order of potency as chlorpromazine. In its low incidence of side-effects and toxicity, it is superior to all other tranquilizing drugs tested. For this reason it is well tolerated by patients, particularly those who are not hospitalized and who frequently discontinue their medication with other drugs because of dizziness, sleepiness, increased tension, or Parkinsonism."^{*}

Supply: MELLARIL Tablets, 10 mg., 25 mg., 100 mg.



^{*}Narrow-Wright, J.: Newer pharmacologic drugs in treatment of nervous disorders, J.A.M.A. 170:1935, July 11, 1953.

Medical Economics

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, JULY 4, 1960

The Facts About Specialized Mutual Funds

They appeal to the investor who wants to go all out for a particular industry without risking everything on a single company. A good idea? Here's your answer

BY SAM SHULSKY

Are you convinced that the pharmaceutical industry is growing faster than the economy as a whole? Or that the long-range prospects for electronics are better than those for business in general?

If you study the financial pages of your newspaper, you probably have some such favorite industry. Yet you may hesitate to plunge into the market

and act on your convictions. There are bound to be laggards in even the fastest-growing areas of industry. And you may feel you lack the know-how to pick a specific issue among the many in a given field.

If that's how you feel, the specialized mutual funds are made to order for you. You can be virtually certain that at least one such fund specializes in the in-

THE FACTS ABOUT SPECIALIZED MUTUAL FUNDS

dustry you'd prefer to see your money riding on.

To see what a specialized fund consists of, let's look first at the normal, diversified variety. Primarily, it's designed to spread the investor's risk through a wide-range investment program. In effect, the diversified fund is a huge investment pot that holds millions of dollars invested in scores of businesses.

Where Your Money Goes

A thousand dollars in a typical mutual fund might give you \$30 in the stock of an automobile manufacturer; \$52.50 in the stock of a glass maker; \$27.80 in the shares of a leading utility; \$41 in an electronic stock; \$39.70 in the stock of a drug manufacturer; and so forth. Your risk would be spread so that if the auto business were to go into a slump, you could hope that the utility or the electronics company would take up the slack.

On the other hand, the *specialized* fund invests only in one particular industry or geographic

area. It spreads the risk, too. But it does so only within the confines of the industry or area concerned.

Specialized funds have been growing rapidly in both size and number in recent years. Some of them have been set up by bankers or brokers who have long been leaders in financing specific industries, or who have specialized in providing funds for economic expansion in Canada or Europe. Still others have been set up by mutual-fund organizations in answer to the investor-demand for diversification within particular industries.

A good example is the Chemical Fund, organized in 1938 to provide diversification of risk within the drug and chemical-manufacturing fields. The shares you buy in this fund represent ownership of stock in such drug companies as Lederle (through its parent organization, American Cyanamid); Rohm & Haas; Abbott; Lilly; Merck; Norwich; Pfizer; Schering; G. D. Searle; Smith, Kline & French; and

THE AUTHOR's daily syndicated column on investments appears in fifty U.S. newspapers. His latest book is "Investing for Retirement," published by Business Reports, Inc.

Warner-Lambert. They also represent stock ownership in Union Carbide, Monsanto, Olin Mathieson, Stauffer, Vick Chemi-

cal, Dow, du Pont, and others. Like all mutual funds, the Chemical Fund varies its stake in the various companies, buy-

HOW 25 SPECIALIZED MUTUAL FUNDS MADE OUT LAST YEAR

	Change in Net Asset Value Per Share 12/31/58-12/31/59	1959 Income Dividends
Atomic Development	+ 1.8%	2.4%
Axe Science & Elec	+11.3	1.4
Century Shares Trust	+ 3.2	1.8
Chemical Fund	+20.6	1.8
Electronics Inv	+29.5	1.8
Energy Fund	+22.0	8.9
Florida Growth	+ 6.4	3.2
Group Automobile	+36.6	2.3
Group Aviation-Elec	+16.3	2.0
Group Building	+ 1.4	2.7
Group Chemical	+15.2	1.5
Group Petroleum	-13.5	3.0
Group RR Stock	- 4.2	4.2
Group Steel	+11.0	2.6
Group Tobacco	+ 6.5	4.5
Life Insurance Inv	+ 1.3	0.5
Managed Electric	+30.3	0.6
Managed Metal	+ 4.5	1.7
Managed Paper	+ 8.8	1.4
Managed Petroleum	-11.2	3.2
Managed Transport	+ 6.0	2.8
Missiles J & A Fund	+20.1	0.8
Nuc Chem & El Shares	+24.1	0.3
Television-Elec	+20.1	1.8
Texas Fund	+ 3.4	1.7

THE FACTS ABOUT SPECIALIZED MUTUAL FUNDS

ing and selling according to the best judgment of its management.

Another outstanding specialized fund is the Atomic Development Mutual Fund. It may interest you if you feel strongly that the future of atomic power will outstrip even that of the chemical and drug industries. A \$1,000 investment in this fund represents a \$240 investment in companies producing atomic raw materials; \$82 in companies processing reactor fuels; \$252 in companies making equipment to

produce atomic energy; and so on. All in all, the fund holds stock in more than fifty companies, each with a stake in atomic energy.

Still another combination of "science age" securities is offered by Aviation-Electronics-Electrical Equipment Shares, a Distributors Group Fund. The Distributors Group is a sort of mutual-fund supermarket, offering specialized funds in the automotive industry, building, chemicals, foods, rails, tobaccos, utilities, to name a few.



© MEDICAL ECONOMICS
CARTOON: ABSEN

"Viennese beatniks, probably."

As you see, not all the specialized funds are concentrated in the comparatively risky "growth" industries. If you hold all the growth stocks you want and would like to ballast your portfolio with some conservative investments in the insurance and banking industries, Century Shares Trust may interest you. One of the nation's oldest mutual funds, Century Shares holds investments in such insurance companies and banks as Aetna Casualty, U.S. Fidelity & Guaranty, Lincoln National Life, and Travelers; Manufacturers Trust Co. and Chase Manhattan Bank in New York City; Valley National Bank of Phoenix, Ariz.; and many others.

Investments Abroad

Specialized mutual funds also give you a chance to invest in the growth of industry overseas. As you probably know, most European economies have been booming since World War II. But how can the amateur investor choose between a German chemical company and a French glass works? When he buys into

international mutual funds, he gets the benefit of expert knowledge. These funds have been set up by banking houses that have specialized in foreign financing for years.

Here, too, the funds spread your risk. For example, they may represent ownership in Japanese bonds, Germany's Daimler-Benz, Glaxo Laboratories in England, the Netherlands' Philips' Incandescent Lamps Works, KLM Royal Dutch Airlines, and various mines in Africa.

Interested in Canada?

Other funds concentrate on Canadian investments. Buying them, you participate in Canada's mining, chemical, forest-product, utility, railroad, and pipeline industries, and thus in the rapid industrialization of the Dominion.

How does the performance of the specialized funds compare with that of the nonspecialized or diversified funds? There are such wide divergences in the records of individual funds that it's well-nigh impossible to generalize. But it *can* be said that

THE FACTS ABOUT SPECIALIZED MUTUAL FUNDS

specialized funds aiming at *growth* have run well ahead of the regular, diversified funds. For example:

How They Stack Up

¶ The diversified stock funds showed an average increase in assets per share of 12 per cent in 1959; 41 per cent in 1958; 79 per cent over the five years ending December, 1959; and 281 per cent over the ten years ending December, 1959. (We're assuming here that income dividends were cashed in but that capital gains were reinvested.)

¶ By comparison, the assets per share of the Chemical Fund increased about 21 per cent in 1959; 39 per cent in 1958; 121 per cent over the five years ending December, 1959; and 399 per cent over the ten years ending December, 1959.

Other funds that have done very well *on the average* are those specializing in electronics and in television. Naturally, the funds specializing in comparatively depressed industries like autos, rails, and mining look less good. But in almost every area

there are some funds that have beaten the average handily, others that have fallen badly behind.

Thus, the funds' records speak for themselves. The table on page 69 will give you a birdseye performance view of a number of them.

It Takes Shopping

Before you buy shares in a specialized mutual fund, study these records—or others like them—with care. Remember: There's no such thing as a "perfect" specialized fund. None gives its shareholders a pretty, three-part package of capital gains, safety, and high dividends. Make up your mind which you are looking for.

Remember, too, the key purpose of any specialized fund: It gives you a chance to specialize in the area of your choice without taking quite the risks of investing in one or two companies alone. But the less the risk, the less likely are really spectacular results. So don't expect to make a quick killing from your specialized shares. END

Who Says Doctor Bills Are Too High?

An aide who has been mailing them out for thirty years notes that they aren't much bigger now than when she started—while most other costs have gone sky-high

BY MADGE BRINKERHOFF STEWART

I'm tired of the recent spate of newspaper and magazine articles complaining about "high" doctor bills. I've been mailing out bills for thirty years, and I know that such complaints don't make sense.

In 1931, when I had to pay \$997 for a new car, I was mailing out obstetrical bills for \$100 to \$125. My last new car, same make, cost \$3,300. And now I'm mailing out obstetrical bills for only \$175!

Back thirty years ago, I paid

2 cents for the daily paper that now costs me a dime. My grocery budget was \$25 a month; it now comes to more than \$100 for the same size family. We paid \$20 a month rent for no less room and comfort than we get for \$120 in 1960. We rode the bus for a nickel (it now costs 15 cents). The average starting salary for young men in those days was \$100 to \$150 a month. Today they start at from \$350 to \$500 a month.

Compare those gigantic mark-ups with the rise in office-call charges. The doctor I worked

THE AUTHOR is aide to an OB/Gyn. man in Sacramento, Calif.

WHO SAYS DOCTOR BILLS ARE TOO HIGH?

for in 1931 got \$3 to \$5 for an office visit. The doctor I work for today gets \$5 to \$7.

Let's look at it another way. Thirty years ago, it cost about a month's salary to pay the doctor bill for a new baby. If we charged as much today, my boss would have to work only a forty-hour week to live as well as a fledgling engineer. If he wanted

to keep on working his normal seventy-two- to eighty-hour week, he could approach the living standard of the labor leaders whose hearts bleed for his downtrodden patients.

Those same downtrodden patients ask no favors from the man who sells them their \$400 television sets. I don't suppose the car dealer, the appliance

Reversing the field

I've changed the names and places in this story, but otherwise it's absolutely true:

In World War II days, a Boston physician I'll call Dr. Alex Miffett gave a patient a series of injections for a blood disease. The patient—I'll call *him* Mike Drago—then moved to Portland, Me., to work at the Navy Yard. There Drago developed an obsession that Dr. Miffett had poisoned him with the shots. He told several fellow workers he planned to return to Boston and kill Miffett.

Eventually Miffett heard about these threats. Not being one to sit back and wait for a disaster to happen, he got a pistol permit and started carrying a gun at all times.

One day a stranger phoned him from Portland: Mike Drago had taken the Greyhound bus and was on his way to kill him. Miffett called the police. They stationed an officer at the bus terminal with orders to arrest Drago on sight. But when the bus arrived, Drago wasn't on it. He'd gotten off.

A squad car was sent at once to circle the busy block where Dr. Miffett had his office. The police had no sooner

dealer, the grocer, or the landlord has a private list of unfortunates he has served for years at no charge at all. Nor do I know any utility companies, bus companies, airlines, railroads, insurance companies, newspapers, or magazines that offer cut rates or free services to the aged and indigent.

I know of no department store

or bank that will open a credit account simply because someone needs it. I have yet to meet the barber or beauty operator who will do my hair today and let me pay later (or perhaps never).

Conversely, I've never known a doctor to repossess a baby he delivered because the account was unpaid. Nor have I ever

Continued on page 256

arrived at the scene than they sighted the man. His cap pulled low, he was leaning against a corner lamp post; one hand thrust ominously into a bulging pocket, his eyes glittering at everyone who passed.

The police quietly drew into the curb down the street from him. Then two detectives sneaked up behind and grabbed him. Sure enough, he had a gun in his pocket.

The detectives dragged him to the squad car as the captain raced up. The captain took one look at him—and exclaimed, "My God, you've got Dr. Miffett!"

So they had. The doctor, who'd been laughing too hard to speak, now got control of himself and explained he'd dressed in old clothes and slouched on the corner hoping to surprise Drago. Instead, he'd been very much surprised himself.

All hands joined in the merriment and repaired to Miffett's office for coffee. Afterward, as the police were leaving, the captain happened to glance into the waiting room. One patient was waiting there.

It was Mike Drago, with a gun.

—M.D., CALIFORNIA

*Reassuring a patient?
Watch out, warns this
plaintiffs' attorney:*

What You Say



By Melvin M. Belli, LL.B.

Say Can Boomerang Legally!

For years, we've heard about "the doctor's bedside manner," and we all know what the expression means: a combination of clinical and verbal therapy designed to assuage the patient's fears.

Nothing wrong with that, you say? Medically speaking, you're undoubtedly right. But legally speaking, the words you use to reassure a patient may be held against you. They can sometimes be construed as an oral contract. Then, if there's an untoward result, you can be sued successfully for *breach of contract*, and the patient can collect damages from you *even though you were in no way negligent*.

To illustrate this new trend:

Suppose you say soothingly to a patient, "This medicine will make you feel better." It doesn't make him feel better; in fact, it causes a violent reaction. Assuming you took all normal precautions, the man has no negligence case against you. But he does have a breach-of-contract case—all because of that soothing statement at the start.

Contractual obligations between doctor and patient may be a new idea to you. Ordinarily, of course, they don't exist. Ethical physicians don't intentionally warrant or guarantee their cures. Thus they're not ordinarily responsible for an untoward result

*'I don't like to
sue doctors'*



MELVIN M. BELLI, author of the accompanying article, admits to having "sued more doctors and hospitals successfully in medical malpractice cases probably than any other lawyer practicing today." But this part of his practice gives him "no pleasure," he says, because "I'm a professional man too. I've even been sued for malpractice, and I know how it hurts. What's more, I come from a family of professional men—doctors, not lawyers. So I'm not your sworn adversary." Perhaps by way of proving his point, the San Francisco attorney tells here how doctors can protect themselves against a new kind of suit being brought by increasing numbers of lawyers around the country.

unless their negligence can be proved.

But "bedside manner" may lead the doctor unintentionally into warranting or guaranteeing a specific result. Then he's in the same position as any vendor who contracts to deliver a specific commodity or service. If he doesn't deliver, he's legally liable

for the breach of his word—negligence or no negligence.

Recently, such a case was presented in the District of Columbia (*Johnston v. Rodis*, 251 F. 2d 917). In this case, the doctor had recommended electroshock treatments. The patient then asked the doctor, "Will I be all right if I take them?" The doc-

tor assured her that she would "be all right." So the patient submitted to electroshock therapy.

During the course of the treatment, through no negligence or fault on the part of the doctor, the patient was injured. She came out of it with a fractured arm.

Careful, It's a Promise!

Now, if the doctor had not warranted that the patient would "be all right," there could be no recovery in court. Since there was no negligence, the patient couldn't collect for negligence. But she could—and did—collect for breach of contract.

Another case where words alone caused a doctor to be sued successfully was *Stewart v. Rudner* (84 N.W. 2d 816). Here an elderly husband and his pregnant wife begged an obstetrician to do a Caesarean section rather than a vaginal delivery. Seeking to reassure the apprehensive couple, the obstetrician agreed.

Before the delivery was due, however, he consulted with several other obstetricians. All felt it would be better to allow the mother to try a vaginal delivery.

So that's how the case was handled.

Somehow a dead fetus was delivered. There had been no negligence on the doctor's part. Nevertheless, the husband and wife sued the obstetrician—not for malpractice, but for breach of contract.

They collected \$5,000 in damages. Significantly, this sum included not only the contract measure of damages, but the tort measure of general damages for pain and suffering as well.

Use Legal Language?

These recent developments in the law should serve as a warning that your bedside manner can be carried too far. What, then, will you tell your patient when he asks you, "Is this procedure safe?" Will you say something like this:

"Mr. Jones, the statistics are that five out of every thousand people have died from this procedure, and you may be one of the unlucky five. I don't want to alarm you, but death is always present in the operating room, and I certainly can't assure you

WHAT YOU SAY CAN BOOMERANG LEGALLY!

that you're coming out alive. Why, just the other day, on the floor below us, a young man in perfect health had this kind of procedure, and he came out of the operating room by the back door. Of course, the statistics are all with you!"

No, you don't need to resort to such extreme forensic sedation. Words of reassurance are still welcome. Just be sure they don't sound like a promise. Be-

cause you can be held to a promise—and more easily than you might think. The patient doesn't need to enlist expert medical testimony to win a breach-of-contract case. His testimony alone may be enough to convince the jury.

The sole question for the jury is: "Was the contract made?" And an oral contract is just as good as a written one if it can be proved. END

he pacifist

An abdominal operation was being performed with the patient under spinal anesthesia. The senior surgeon was one of those men who have confidence in themselves only. So every time the able young resident assisting him would start to tie a suture or clamp a bleeder, the older man would reach across and say affably, "Here, Harry, let *me* do it."

As the operation progressed, this oft-repeated suggestion was all that broke the increasingly oppressive silence. At length, the procedure was about over. And when for the umpteenth time the surgeon said, "Here, Harry, let *me* do it," the resident could stand it no longer.

"Sir," he said, "I really think the skin can be closed more easily from my side."

At this the patient suddenly shouted, "For God's sake, Harry, let him do it!"

—MILLARD J. SCHWEIDEL, M.D.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.

They Specialize in Executive Check-Ups

These doctors have made a name for themselves in a field that has grown enormously in recent years. Would you like to do more full-scale physical exams or even to limit your practice to them? Here's how it's done

BY GEORGE WILLARD

Are you treating more than your former quota of business executives these days? If so, you—and they—are profiting from a growing national trend.

American business has always spent generously to keep its equipment in working order. But it's now spending money to keep its top *men* in working order. The nation's forward-looking companies are concerned over the fact that the modern executive dies sooner than the average wage-earner—about six years sooner, according to one survey. And they're determined to halt

this tragic loss of valuable human assets.

That's why more and more businesses are encouraging their key men to submit voluntarily to once-a-year, company-paid physical check-ups. The idea is spreading so fast that it has opened up a new practice field for the country's physicians—a field that almost any doctor can enter, either on a part-time or full-time basis.

Some corporations treat the top brass to check-ups at one of the plush resort clinics—at Aspen, Colo., for example, or at the

THEY SPECIALIZE IN CHECK-UPS

Greenbrier in White Sulphur Springs, W. Va. At such places, fees for the physical examination alone may run to \$350. So they siphon off only the *top top* brass.

Other arrangements tend to take considerable time. At the big hospital-connected diagnostic centers—say, Lahey in Boston, Mayo in Rochester, or Ochsner in New Orleans—the vice president is kept away from

his desk for two or three days. And the cost may run from \$200 to \$400.

Thus, there's loads of room in the check-up field for less costly, less time-consuming programs that will keep tabs on the state of the businessman's health without unbalancing his or his company's budget. To meet this need, a number of doctors around the country have set up



TIME IS IMPORTANT at New York City's Executive Health Examiners. The patient registers, and then goes to a private dressing room to change.

day-visit examination centers. The full routine at such centers takes no more than six hours—usually three to four. And fees for the service may be as little as \$75.

Do you need special skills in order to concentrate on a check-up practice? Not according to the internists and G.P.s who have already done so. Here's what one of them, Internist Rob-

ert B. Marin of Montclair, N.J., has to say about this type of practice:

"There's no secret to the kind of work we do. A good diagnostic study is essentially the same from one area to the next: a detailed medical history, thorough physical exam, complete blood count, sedimentation rate, urinalysis, electrocardiogram, basal metabolism, etc. It isn't *what's*



IN HIS OWN "SURGEON'S SUIT," the patient sees many specialists (here, an ophthalmologist) and follows a schedule arranged days in advance.

THEY SPECIALIZE IN CHECK-UPS

done that counts so much as *how* it's done."

And it isn't just the internist or the G.P. who can plow the check-up field. Most existent set-ups employ the part-time services of men in virtually all the specialties. So if you're an ophthalmologist, a radiologist, a proctologist, or whatever, there may be a place for you in some near-by program.

Nor need the check-up center exist only in metropolitan areas. Plenty of doctors in small cities have begun to concentrate on such work. One such examiner is Dr. Robert Rehm of Asheville, N.C. He uses the services of six doctors in various specialty fields. (One of them, incidentally, is a full-time clinical psychologist who interviews every patient.)

Naturally, the biggest execu-



THE COFFEE BREAK lets the executive relax or telephone his office. Meanwhile, a radiologist studies X-rays taken minutes earlier.

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tive check-up centers are to be found in the nation's largest cities. New York City's Executive Health Examiners has forty-two specialists on its staff, for instance. All these men don't give all their time to the organization, but many of them spend a couple of hours a day at the center.

If there's some such well-established set-up in your area, it may be able to use your services.



But most of the big organizations are apparently so fully staffed that they don't welcome applications from new men. The biggest of all the big clinics—Life Extension Examiners—reports that an addition to its medical staff is “rare indeed.”

Life Extension Examiners is a true giant. Its headquarters are in New York; but it has representative physicians in Boston, St. Louis, Los Angeles, and many other places. A total of 500-odd U.S. doctors do examinations for it. “But we seldom seek out a new man,” says the company's director, Dr. Harry J. Johnson. “Jobs with us are generally life-time propositions.”

So your best bet may be to offer your part-time services to a small but growing check-up center. Better still, if you're a G.P. or an internist, consider starting one of your own.

Some clinics are entirely one-doctor affairs. For instance, Montclair's Dr. Marin does the

JUST THREE HOURS after his examination began, the executive changes back into his street clothes and is free to go on his way.

THEY SPECIALIZE IN CHECK-UPS

complete check-up himself. He refers the patient to another specialist only if his examination indicates that there's a possible need for either treatment or consultation.

But the vast majority of check-up centers are essentially *group* operations. One man may head any number of specialists—from two to two dozen—who generally work at the center an hour or

two a day on a fee-for-service basis.

"Don't try executive check-ups on a solo basis," warns Internist Karl Pickard of New York City. "I tried it alone for a while, and I can tell you it doesn't work. You need assistance—and I mean assistance from another doctor!"

Whether or not you take Dr. Pickard's advice, you'll do well



DAYS LATER, *Executive Health Examiners' Dr. Richard Winter gives the patient a preliminary report; a full report goes to the family doctor.*

to ponder the following bits of advice that most men with experience in this type of practice seem to agree on:

Tips on Setting It Up

¶ *It's best to limit your services to examinations only.* Says Asheville's Dr. Rehm: "I think the most thorough exams are managed by men who stay out of the curative field. If I need to, I refer a patient to the proper curative source through his family physician. That way, I stick to my real interest—preventive medicine."

¶ *All findings should be reported directly to the patient's family doctor.* The experienced men say they do this as a matter of course. They believe it's simply good professional procedure to send lab reports and medical findings to the patient's family physician. And it often wins referrals.

¶ *Don't take the "executive" check-up term too literally.* "I've stopped using the word 'executive'" says one man. "I call what I do a 'comprehensive' exam, because so many of my patients—

a good 10 per cent—have no company affiliation. They're individuals referred to me by other doctors, or else they're relatives or friends of current and former patients."

There are exceptions to all the above rules. In some industrial areas, the diagnostic clinics just can't handle patients who aren't sent by local business concerns. And some doctors in the check-up field do treat patients in addition to examining them. One such man is Dr. Hilton S. Read of Atlantic City, N.J. With one partner, he runs the resort city's Ventnor Diagnostic Center. Dr. Read has this to say:

"Of course we do some follow-up treatment. I think it would be inhuman not to after I've established a good relationship with the patient." And Dr. Read maintains that plenty of doctors do this, regardless of what they say.

What about fees? As I've said, the charge for a check-up may run as low as \$75—even lower at some of the smaller centers. But a basic comprehensive examination for a company executive usually brings in from \$100

THEY SPECIALIZE IN CHECK-UPS

to \$150. Most of the experienced doctors set their fees according to the amount of time a given procedure takes. And at most of the centers checked by this magazine, different types of check-ups—e.g., pre-employment exams, cancer detection exams, periodic health-maintenance exams, and so on—are offered at varying fees.

As for the fees you're expected to pay physicians whose services you call on, the rule is quite simple: Payment is generally made at the prevailing local rate for a particular procedure. In other words, the doctor gets what he'd get for the same service to a new patient in his own office.

Questions You Should Ask

Are you tempted to try your hand at establishing a check-up practice? If so, doctors now in the field suggest that you'd better begin by seeking out answers to the following questions:

1. Does your area already have a diagnostic center? If so, could it support another?
2. What men are available to work with you?

3. What additional personnel or equipment would you need?

To get a reliable answer to the first question—is there *room* for such a set-up in your locale?—you'll want to do some first-hand research. One good way to do it is to mention your interest in such a practice to the men most immediately concerned: the medical directors of the biggest companies within, say, twenty-five miles of your office. Let their reactions be your guide. Remember that you're unlikely to build up a practice in this field unless you can start out with a hard core of company-sponsored check-ups.

But one sizable client may give you a whole new career. Dr. Charles Thompson of Chicago started out a few years ago with exams for employees of just one corporation—Sears, Roebuck. Since then, his Thompson Associates has added more than 100 large and small corporations to its roster. Dr. Thompson now has six doctors working with him; and his clinic does about 1,500 check-ups every year.

Continued on page 258

How to Clinch Collections In Accident Cases

Courts often take so long to settle such cases that the physician loses track of his fee. Here's how the doctors in one locale have licked the problem

By Arthur Frucht, M.D.

Are you losing money on the patients you treat in accident cases? A great many doctors are. In 1957 alone, my radiology practice lost more than \$5,000 through nonpayment by plaintiffs in negligence suits resulting from accident.

It usually takes so long for such cases to be settled that it's almost impossible for the doctor to follow them up and be sure of collecting his fee. Often, indeed, the patient himself simply disappears once he gets his award.

I remember a certain couple I treated some years ago, for example.

A long time after they'd been involved in an auto accident, their suit was settled for \$8,000, half of which remained for them after they'd fully paid their hospital bills, their lawyer, etc. With no warning, they thereupon left town—still owing medical bills of \$620, including \$120 due me.

Another of my former patients got \$2,000 in settlement of his auto-accident case, plus a check

HOW TO CLINCH COLLECTIONS IN ACCIDENT CASES

AUTHORIZATION FOR PAYMENT
OF PHYSICIAN'S FEE BY ATTORNEY

June 13, 1960

Dr. Albert Jones
Minneapolis, N.Y.

Patient (name) John V. Smithson

I, the undersigned, in consideration of medical services rendered by Dr. Albert Jones
416 Nassau Blvd. Minneapolis, N.Y. for injuries sustained
in an accident, which occurred on March 11, 1960 and for the treatment of which
I am indebted to said Doctor, do hereby authorize Attorney Robert H. Browne
12 Baychester Ave. Minneapolis, N.Y.
Esq., to deduct and pay over to my Doctor aforementioned the sum of \$ 345, out of any money that
may become payable by reason of the claim, suit or settlement brought to recover damages.

John V. Smithson

Witnessed by: L. H. Wilson

Approved as to form by Nassau County Medical Society and Nassau County Bar Association
(Execute in duplicate. Send original to attorney and retain copy)

THEY'RE SURE OF GETTING PAID in accident cases because of the above form, say doctors from New York's Nassau County. The form, which they worked out with the assistance of members of their bar association, authorizes the patient's attorney to pay the doctor on settlement.

for \$546 from his health-insurance plan. His lawyer insisted that all medical bills be paid at once. But I've never received a red cent from the man.

Even an occasional lawyer is not above reproach. A few years ago, a woman whom I'll call Mrs. Gregory had a serious accident resulting in hospital and

medical bills amounting to several thousand dollars. The court awarded her \$16,000. After payment of legal fees, hospital expenses, and other costs, she had about \$7,000 left. Her attorney assured her that he would pay all remaining medical bills, amounting to some \$800. It wasn't until I billed Mrs. Gregory that she realized he hadn't kept his word.

She was determined to report him to the bar association. But I dissuaded her. Instead, with her knowledge, I got a judgment against her. This was then sent to the attorney. He immediately saw the seriousness of his position and sent me a check for the full amount. But I haven't always been so fortunate.

They Took Action

Because of the large number of nonpaying patients in accident cases, the medicolegal committee of my local medical society finally prepared a legal form authorizing the attorney to pay the doctor upon settlement of a case. The patient signs the form in dupli-

cate on completion of treatment, with one copy going to the attorney and the other to the physician.

As you'll note if you examine the accompanying illustration, it's carefully worded so that it doesn't imply that the doctor has any interest in the outcome of the legal case; all he wants is payment of his specified fee for services rendered.

Lawyers Like It, Too

The form has already proved itself. It has improved doctors' collections considerably. And most attorneys like it, too, for these reasons:

¶ At the time of settlement, there's no argument about the amount of the doctor's bill. The sum has already been approved by the patient.

¶ The attorney can immediately make out the necessary checks, which are then endorsed by the client. The attorney no longer has to accept the excuse that doctor bills will be taken care of by the client. **More►**

THIS ARTICLE has won one of the 1960 MEDICAL ECONOMICS Awards for its author, a radiologist in Hempstead, N.Y.

HOW TO CLINCH COLLECTIONS IN ACCIDENT CASES

¶ The lawyer-doctor relationship has been both clarified and strengthened.

Now that we've licked this problem, our county medical society has a special subcommittee studying another difficulty: the custom, indulged in by most insurance carriers, of sending checks for medical expenses directly to the patient, not to the physician.

As a first step in the right direction, we have already persuaded several carriers to make their checks out to *both* patient and doctor whenever the doctor makes a written request for such a procedure. Checks made out

in this fashion can't be cashed unless both payees endorse them, of course.

So far, I'm not able to judge the results of this last campaign. But I *can* tell you that my losses in accident cases have decreased 70 per cent in the months since I started using our new payment-by-the-attorney form.

My colleagues and I feel that any patient who sues for justice ought to take it upon himself to see that his own behavior is just. It's only right that he should consider himself obligated to pay the doctor bills that have undoubtedly figured in his suit for damages.

END

A *acceptable substitute*

The surgeon was giving the patient post-hysterectomy instructions prior to her dismissal.

"Now as I've told you," he said delicately, "you're to do no—ah—'homework' for at least three weeks. Do you and your husband understand that?"

"Oh, yes, indeed," said the patient. "And I've already hired a young Mennonite girl who'll take care of all that for me."

—HELEN WYLIE, R.N.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.

What Should Your Classified Phone Listing Include?

Office hours? Field of practice? Medical society membership? Opinions differ widely. But this coast-to-coast study of yellow pages may help you and your colleagues decide

By Robert L. Brenner

Is it unethical for a doctor to list his office hours in the classified pages of the local phone book? Yes, it is—in Essex County, N.J. No, it isn't—in neighboring Bergen County.

May he indicate that he's a member of his local medical society? Dallas, Tex., physicians are requested to do so. But San Francisco men have declared their opposition to any such listing.

What about the doctor who wants to specify his field of practice? That's his right in Carlsbad,

N.M. In Detroit, though, he'd better beware.

The reason for such conflicting views on what a classified listing may include is simple. The A.M.A. has never drawn up nation-wide ground rules. Instead, it has left the problem up to state and local medical societies. And the local societies have come up with such widely divergent decisions as the following:

¶ "We don't want the public choosing its physicians on the basis of how they're listed in the classified pages," says the execu-

CLASSIFIED PHONE LISTINGS

tive secretary of one society. "That's why we say our doctors may ethically list only names, addresses, and phone numbers."

¶ "Let's face it: The classified is the first place many people look when they need a doctor in a hurry," says another society's executive director. "It's a necessary public service to list *all* the

TWO POPULAR METHODS of listing specialties to show both lay and professional terms are these.

Physicians & Surgeons (MD)—Pediatrics

(Child Specialists)

Abercorn Leo J MD 14 White St ----- LO 4-3400
Mawson Ira S MD 342 Cherry St ----- PR 2-8900

Physicians & Surgeons (MD)—

Proctology (Rectal Diseases)

Dobbs Alan C MD Mdcl Bldg ----- MU 0-2330
Orr Eleazer N MD 552 Gibbs ----- TR 2

PROFESSIONAL TERMS FIRST

Physicians & Surgeons MD—Child

Specialists (Pediatricians)

Jebb Eugene M
Doctors Bldg ----- BR 5-4334

Physicians & Surgeons MD—Eye

(Ophthalmologists)

Williams Emerich J Medical Bldg ----- JI 4-4

LAY TERMS FIRST

information that the layman needs in order to pick a doctor who can handle his case."

Is there a noticeable trend toward either of the above viewpoints? To find out, MEDICAL ECONOMICS has examined classified listings in forty phone books selected at random from Maine to Honolulu. In addition, local medical society officers have been asked why their listings appear as they do.

The findings do *not* reveal a trend. But they do shed some light on current—and changing—attitudes. And they suggest a need for doctors everywhere to re-evaluate the meaning and purpose of yellow-page listings. Here's how the current situation seems to shape up in relation to four key questions.

► Should office hours be listed?

The study indicates a rather neat division of opinion on this question. Listings of office hours or some such statement as "By appointment only" are common in exactly half the books checked. In the rest, they're either banned by the local society or simply not used by most doctors.

Society rulings on this point don't always govern what doctors do, however. In some areas where such listings are permitted—Bridgeport, Conn., and New Orleans are two examples—only 50 to 60 per cent of the doctors bother to specify their hours. And the most detailed such listing found was that of a physician in Detroit (where local doctors have ruled that listings must "be limited to name, address, and telephone number"). His name is followed by these lines:

"Mon. & Wed., 1 P.M.—6 P.M. only. Tues. & Fri., 2 P.M.—8 P.M. only. Thurs. & Sat., 11 A.M.—2 P.M. only."

Finally, many physicians who don't list their office hours do indicate where they can always be reached by listings such as: "Day or night, call——"; "If no answer, call——"; or "In emergency, call——."

►Should medical society membership be indicated?

Most doctors apparently feel that this is unnecessary. Only six of the forty directories note medical society membership in a typical listing. But at least one



"A SUBTLE FORM OF ADVERTISING" is the term Dr. Bruno Agnelli of Westerlo, R.I., uses in referring to specialty listings in the yellow pages. "They look as though we were selling groceries," he comments.

CLASSIFIED PHONE LISTINGS

local society has recently decided the question only after a battle.

The San Francisco Medical Society's directors reportedly expected no repercussions when, some months ago, they ruled that each member should be asked to identify himself in his classified listing as a "member of the San Francisco Medical Society." The identification was needed, the directors said, because the society was getting twenty-five to thirty complaints a week from "disgruntled patients" about non-member doctors. "These people . . . do not feel satisfied when they are told that [we] can do nothing about their complaints," the directors explained.

But there were repercussions aplenty. Letters decrying the decision poured in; most of them pointed out that any such listing would discriminate against every doctor who, for whatever reason, chose not to join the society or not to list his membership. It "tars the individual with the brush of charlatantry" was a typical comment.

After months of heated debate, a special referendum was

held, and the society voted better than 2 to 1 *against* the new ruling. At least one other California society—San Bernardino's—has come to a similar decision for the same reason. And San Diego doctors recently voted to discontinue membership listings on another ground: "We felt that somewhere between \$5,000 and \$10,000 per year would be saved the entire membership by deleting that line," Executive Secretary W. T. Nute explains.

► May a doctor list his name in more than one directory?

Men whose patients all come from one locale needn't worry about this problem. But what about the physician who may draw potential patients from more than one place? Just such a situation cropped up recently in southern Connecticut.

Doctors in the Naugatuck Valley Medical Society—which is composed mostly of G.P.s, with only a sprinkling of specialists—noted that the names of neighboring Fairfield County doctors were showing up in the local classified directory. Furthermore, the Fairfield men were

by the time you read this * will have been

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a "first choice" antimicrobial

In the 10 months since its introduction, ALTAfur has effected cures in 75 per cent and improvement in an additional 15 per cent of recorded† cases. These cases included:

■ respiratory infections ■ wound infections ■ pyoderma ■ abscess
■ E.E.N.T. infections ■ bacteremia ■ osteomyelitis

Altafur is orally effective against the vast majority of common infections caused by pathogenic bacteria—including antibiotic-resistant staphylococci

■ therapeutic success is outstanding ■ development of significant bacterial resistance is seldom—if ever—encountered ■ normal intestinal flora is not unfavorably affected ■ monilial overgrowth has never been reported

For a better index of therapeutic success use Altafur

Tablets of 250 mg. (adult) and 50 mg. (pediatric), bottles of 20 and 100.

Average adult dose: 250 mg. four times a day. Pediatric dosage: 22-25 mg./Kg. (10-11.5 mg./lb.) body weight daily in 4 divided doses. Each dose should be taken with meals, and with food or milk at bedtime. *Alcohol should not be ingested in any form, medicinal or beverage, during ALTAfur therapy and for one week thereafter.*

*Based on a projection of ALTAfur Tablets dispensed in 10 months since their introduction.

†Compiled by the Medical Department, Eaton Laboratories, from case histories received.

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CLASSIFIED LISTINGS

Keynes Albert U MD
 Member White County Medical Society
 Doctors Bldg -----BR 1-4533
 If no answer -----ME 8-5000

Loudin Lawrence F
 Member White County Medical Society
 4500 Valley Rd -----VA 3-7787
 Res 4500 Valley Rd -----VA 3-7787
 If line is busy call -----ME 8-5000

MEDICAL SOCIETY OF WHITE COUNTY
 600 Main St -----ME 8-5000

Oehlenschlaeger Leon L
 Member White County Medical Society
 Doctors Bldg -----BR 1-9245
 In emergency call -----ME 8-5000

Palmerston Niel A
 Member White County Medical Society
 566 Springfield Rd -----VA 5-2345
 If no answer dial -----ME 8-5000

MEDICAL SOCIETY MEMBERSHIP

AGERS JAMES P
 Internist
 Medical Bldg -----MU 9-7000
 Res 1623 N Lammie -----JI 7-6686

ARLISS HENRY M
 General Surgeon
 25 Peterson St -----DI 3-1221
 Res 735 Thomas Ave -----TR 5-5449

BECKERMAN ALBAN C
 Practice Limited to X-ray
 550 Plum Lane -----HA 2-2300
 Res 14 Park St -----HA 2-3422

BODISHBAUGH ROBT L
 Practice Limited to Diseases of the Eye
 Medical Bldg -----MU 9-5665
 Res 206 W Seventh St -----JI 2-8899

CARMINO JOS P
 Member of Amer Dermatological Assn
 Certified by Amer Board of Dermatology
 Medical Bldg -----MU 9-4555
 Res 1867 Rosewd Blvd -----HA

THREE SPECIALTY LISTINGS

Fischer Bradley S
 Office Hours By Appointment Only
 Doctors Bldg -----BR 1-8989
 If no answer -----ME 8-5000

Gibson Naomi
 Internal Medicine
 Office Hours 10 to 12:30 PM—2 to 4 PM
 Thur & Sat 10 to 12:30 PM
 1500 Black Ave -----SY 9-4433
 If no answer -----DA 8-3651

Henkel William B
 Surgery—By Appointment Only—Closed Wed
 Doctors Bldg -----BR 1-4771
 Residence -----VA 3-2657

Jastro Chas T—Office Hours Monday Tuesday
 Wednesday 1-7 PM—Closed Thursday—
 Friday 12-5 PM—Saturday 10 AM-1 PM
 Doctors Bldg -----BR 1-6500
 If Not At Above Call -----DA 8-34

identifying themselves as allergists, cardiologists, neurosurgeons, etc. So the Naugatuck doctors complained to the Fairfield County society.

Fairfield checked up and conceded that some of its members with "less than a common specialty" were listing themselves in the Naugatuck book. The society has now branded it "improper" for any local doctor to have a listing in an area where he does not have an office, a residence, or a hospital affiliation.

►Should fields of practice be specified?

Five years ago, after making a spot check of phone books, the A.M.A. reported that only about 21 per cent didn't list doctors by specialty. This percentage does not seem to have changed much: Of the forty books checked by this magazine, only seven (about 18 per cent) don't include specialty listings.

In locales where such listings

MORE SPECIFIC DATA about both the doctor and his practice are given in these three types of listing.

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(20 mg.)

BIPHETAMINE '12½'

(12½ mg.)

BIPHETAMINE '7½'

(7½ mg.)

Each capsule of each strength contains equal parts of d-amphetamine and di-amphetamine as cation exchange resin complexes of sulfonated polystyrene.

*Single Capsule Daily
Dose 10 to 14 hours
before retiring*

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for the "active" overeater...

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IONAMIN '30' **IONAMIN '15'**

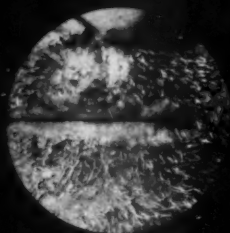
(30 mg.)

(15 mg.)

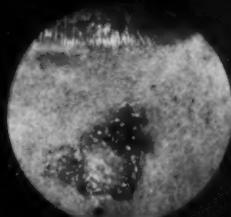
Each capsule of each strength contains phenyl-*tert*-butylamine as a cation exchange resin complex of sulfonated polystyrene.

*Single Capsule Daily Dose
10 to 14 hours before retiring*

STRASENBURGH



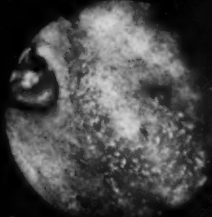
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(fungal)



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(bacterial)



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CLASSIFIED LISTINGS

are frowned on, does the public suffer? Not according to Executive Secretary Donald M. Irish of the Monroe County (N.Y.) medical society. Says he: "Our local doctors feel that it would be very unwise to put information about fields of practice into the classified book. It would encourage laymen to make self-diagnoses in choosing doctors. We want people to pick their specialists only on the advice of their family physicians."

There appear to be other good reasons why some societies ban specialty listings. One county society in Missouri decided to forbid them after a certain doctor had named himself a specialist in a field for which his colleagues felt he wasn't qualified. Essex County, N.J., society officials say simply: "We feel that any listing other than alphabetical would be more apt to be abused than to prove useful to physicians or the public."

But the Essex County society has taken steps to help laymen find a specialist in a hurry, if necessary. "We advertise our twenty-four-hour emergency call



"WE FEEL STRONGLY that specialty listings should be allowed here in Fort Wayne," says Dr. Eugene Sen-sen. "It could save a life."

service in the yellow pages, with instructions that it be used by anyone who can't get a physician through other channels," explains a society spokesman. "Our operators have mimeographed lists of all G.P.s and specialists in the county. Anyone who calls is given a choice of three names from this list; or the caller can have the list mailed to him."

Continued on page 104

Current clinical research has established that approximately $\frac{3}{4}$ of total cholesterol is produced within the body; thus the therapeutic approach should focus on control of cholesterol biosynthesis.

Introducing

MER/29

(brand of triparanol)

... the first safe agent to inhibit
body-produced cholesterol

... the first to lower excess
cholesterol levels in both tissue
and serum, irrespective of diet

Dosage: One 250 mg. capsule daily, before breakfast.



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XUM

MER/29¹⁻¹¹ is not a cholesterol-lowering agent by the usual definition. Usual measures for lowering cholesterol only modify its intake or accelerate its metabolism. Since dietary cholesterol is the minor source of total body cholesterol, results with previous agents have been limited.

MER/29, however, *inhibits* cholesterol *biosynthesis* in the liver and other tissues.¹⁻⁴ This activity is partial and takes place at a late stage in the synthesis cycle. Sufficient cholesterol remains to fulfill its role as precursor of other necessary biosynthesized substances.

Thus MER/29 is an inhibitor of *excess* cholesterol *production*; and reduced cholesterol levels in both serum³⁻⁶ and tissues^{3,4,7} is the net result of this activity. Studies of Hollander and Chobanian,³ and those of Oaks *et al.*,⁶ found cholesterol levels were lowered irrespective of diet.

In clinical studies³⁻⁶ MER/29 reduced cholesterol, on the average, 48 mg.%, and reduction ranged from 20 to 110 mg.%. Maximum reduction was reached in 5 to 8 weeks.

A report on MER/29 therapy for patients with hypercholesterolemia and its probable associated conditions:

- coronary artery disease (angina pectoris, postmyocardial infarction)
- generalized atherosclerosis

In some instances,³⁻⁶ MER/29 increased exercise tolerance in patients with angina pectoris. Frequency and severity of anginal attacks were reduced, as was nitroglycerine dependence. Abnormal ECG's did not occur in these patients at the previous levels of exercise. Many of them reported improved sense of good health and well-being. Explanation of these clinical benefits is not yet known. Nevertheless, they prompt mounting interest in MER/29 as an important new agent.

It is equally important that MER/29 has been well tolerated and relatively free of toxic effects. Clinical liver damage has not been encountered; however, since the principal site of action of MER/29 is in the liver, periodic hepatic function tests may be desirable until more long-term safety data are available.

Available: Bottles of 30 pearl gray capsules.

MER/29

1. MacKenzie, R. D., and Blohm, T. R.: *Fed. Proc.* 18:417, 1959. 2. Blohm, T. R.; Kariya, T., and Laughlin, M. W.: *Arch. Biochem.* 83:245, 1959. 3. Hollander, W., and Chobanian, A. V.: *Boston M. Quart.* 10:37, 1959. 4. Kountz, W. B.: *Proceedings, Conference on MER/29, Progr. Cardiovasc. Dis.* 2: (Suppl.), 541 (May) 1960. 5. Oaks, W., and Lisan, P.: *Fed. Proc.* 18:428, 1959. 6. Oaks, W.; Lisan, P., and Moyer, J. H.: *Arch. Int. Med.* 104:527, 1959. 7. Blohm, T. R.; Kariya, T.; Laughlin, M. W., and Palopoli, F. P.: *Fed. Proc.* 18:369, 1959. 8-11. Additional references available on request.

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menopause**

*as hormones alone
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New Brunswick, N. J.



CLASSIFIED LISTINGS

At least one medical community that used to ban specialty listings has now done an about-face. Here's the explanation for the change, as stated by John Farrell, executive secretary of the Rhode Island society:

"Too many people were turning to the phone book to get a doctor in an emergency, only to find that the first man they called was a radiologist or a pathologist. They were wasting precious time finding someone who could treat them. So we've faced up to the fact that specialty listings are a necessary public service."

In making their recent decision, the Rhode Island doctors had to answer another touchy problem about field-of-practice listings: Who qualifies as a specialist?

"We permit only those doctors who are listed as specialists in our state roster to be so listed in the phone book," says Farrell. "Our requirement is that the man devote 80 per cent of his time to his specialty. And because we've got a good working agreement with the phone company, we're able to keep a fairly tight control over such listings. **More▶**

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NASAL SOLUTION / NASAL SPRAY (0.1%)

Dispels nasal congestion up to
six hours or longer ?
Clinically successful in 95% of
? 2,576 published cases^{1-6*}
Virtually free of sting, burn,
or rebound congestion ?

Note: All with certain other active nasal decongestants, Tyzine may cause rebound congestion (rhinitis) and, young children, KEEP OUT OF REACH OF CHILDREN OF ALL AGES. Use Pediatric Nasal Drops (0.05%) for children under six years.

1. Mengler, H. C. New York J. Med. 54:1275 (1955); 2. Rose, W. G. Mt. Med. 114:42, 1956; 3. Ruzicka, J. G. M. Times 64:1232 (1956); 4. Anderson, W. A. Arch. Otol. Rhinol. 3:159, 1956; 5. Grevier, J. W. Eye Ear Nose & Throat Mon. 34:670, 1955; 6. Katsuba, T. J. J. Otol. Rhinol. 3:159, 1956; 7. Tennant, V. A. M. A. Arch. Otol. Rhinol. 32:143, 1955; 8. Olson, J. A. and Carlson, M. Eye Ear Nose & Throat Mon. 35:189, 1956; 9. Ketch, F. A. M. Times 62:555 (1954). *These cases involved use of both 0.1% and 0.05% Tyzine in adults and children.

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CLASSIFIED PHONE LISTINGS

"The company has a copy of our state roster. If a doctor wants to be identified in the yellow pages as, say, an obstetrician, the company looks him up. If he's not so listed in the roster, they get in touch with us and we check on the man.


"Usually we find that he's new in the area, or that he's just pass-

ed his boards or become board-qualified. In such cases we allow the specialty listing. But if he isn't qualified, we call him and tell him he can't have it. Furthermore, the phone company enforces our rulings."

The only doctors whose listings the society can't control are non-members. "When the company



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*As with
mother's
milk...*

When you prescribe a feeding formula, doctor, naturally you seek a formula that meets all known nutritional needs and closely resembles breast milk. You want an optimal formulation of proteins, fats, carbohydrate, vitamins and minerals to promote sound health and physiologic growth.

The S-M-A formula provides all known essentials and is constantly improved as knowledge of nutrition advances. S-M-A was the first formula patterned after breast milk and the first to contain vitamins A and D. It is convenient... easy-to-prepare... and economical of time and money.

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S-M-A[®]
Food Formula for Infants
UNSURPASSED IN NEARNESS TO HEALTHY MOTHER'S MILK

CLASSIFIED PHONE LISTINGS

tells us a nonmember has requested a specialty listing, we simply say we have no jurisdiction over him," Farrell says. "If he insists, the company gives him the listing he wants. They have no other yardstick to go by."

How List Specialties?

Once specialty listings are permitted, some other problems arise. For instance, should lay or professional terms be used? Should the field of practice be listed directly under each physician's name, or should all the men in a given field be grouped together?

Perhaps the most thoroughgoing—if also most costly—solution is the one chosen by Carlsbad, N.M., physicians. They list their names twice—first alphabetically, with the specialty, if any, under each name; then in groupings according to field of practice. In this second series of listings, the specialties are set forth in both lay and professional terms: e.g., "Women's Diseases (Gynecology)."

Similar listings are used in such diverse places as Miami,

Fort Wayne (Ind.), and Honolulu. And Dallas doctors may be listed three ways: alphabetically, and under both a specialty and a subspecialty.

How much, then, should *your* yellow-page listing include? The answer depends on how you think the public uses your local directory. If you feel that the classified section provides a service to which patients are turning increasingly in emergencies, it probably makes good sense to indicate the hours the doctor will be available and his practice field.

On the other hand, you and your colleagues may be convinced that the book is merely a kind of public notice that a doctor is in practice. In this event, you'll want the simplest listing possible. If so, though, you'll want to be certain you've provided some other sure way for people to get the right kind of help. A conspicuously placed ad for your emergency-call system can save patients the trouble of calling, say, a psychiatrist when what they need is someone to make a house call in a hurry. END

For the irritable G.I. tract

Milpath acts quickly to suppress hypermotility,
hypersecretion, pain and spasm, and to allay
anxiety and tension with minimal side effects.

AVAILABLE IN TWO POTENCIES

MILPATH-400—Yellow, scored tablets of 400 mg. Miltown (meprobamate) and 25 mg. tridihexethyl chloride.
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Dosage: 1 tablet t.i.d. at mealtime and 2 at bedtime.

MILPATH-200—Yellow, coated tablets of 200 mg. Miltown (meprobamate) and 25 mg. tridihexethyl chloride.
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Dosage: 1 or 2 tablets t.i.d. at mealtime and 2 at bedtime.

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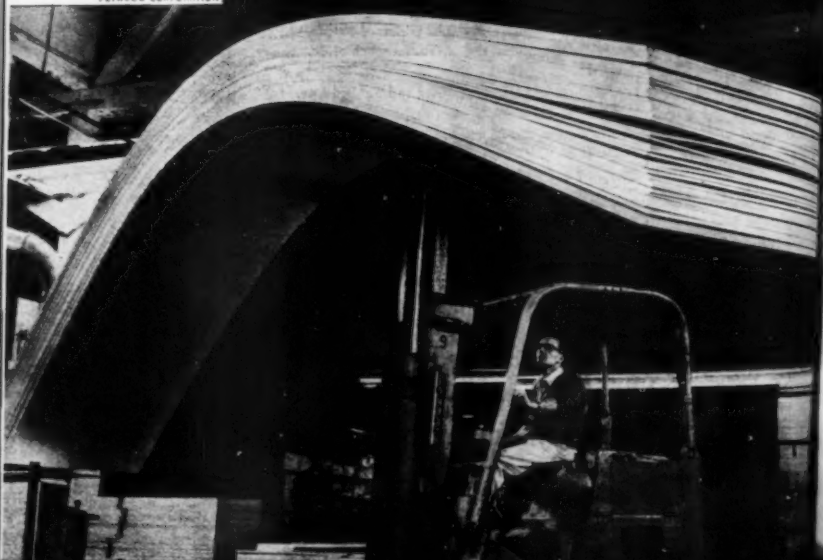
Specify Proloid whenever thyroid is indicated. Three grains is the average daily dose for patients with mild forms of hypothyroidism.

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What's This Doctor's Name?

A mountain climber, a poet, and an industrialist are the subjects of this quiz about M.D.s who have become famous for nonmedical achievements. Can you name them?

By James Joyce Donahue

Every once in a while you'll read about an author or an athlete who is "also a doctor." It's surprising how many physicians have won fame outside the medical profession.

In the last issue of MEDICAL ECONOMICS, for example, were told the stories of Popular Novelist Frank G. Slaughter, Alaska's Senator Ernest G. Gruening, and Football Hero William Barry

Wood Jr., the vice president of Johns Hopkins. More such doctors will be sketched in this and subsequent issues.

On pages 112, 114, and 116 of this issue, you will find photographs and brief biographies of three physicians. You might run across their names any day. Can you identify them? Once you have, you can check page 128 to see if you're right.

WHAT'S HIS NAME?



1. Mountaineer

This Aspen, Colo., internist has risen very high indeed. He's one of the most famous mountain climbers in the world, and he almost perished in his latest attempt. Born in New York, he got his first taste of climbing at 11, on the Alps. In 1934, while a student at Harvard, he made the first ascent of Mount Foraker in Alaska. The following year, he got his M.D. from Columbia University. Later, he helped organize

an expedition that hit the top of Nanda Devi (24,643 feet), the highest peak reached at that time. And, in 1938, he led an unsuccessful effort to scale 28,251-foot-high Mount Godwin Austen (known as K2) in the Karakoram. In 1953, he headed his greatest expedition—another try at K2. His best-selling book, "K2—the Savage Mountain," tells all about the experience. What's his name? *More►*

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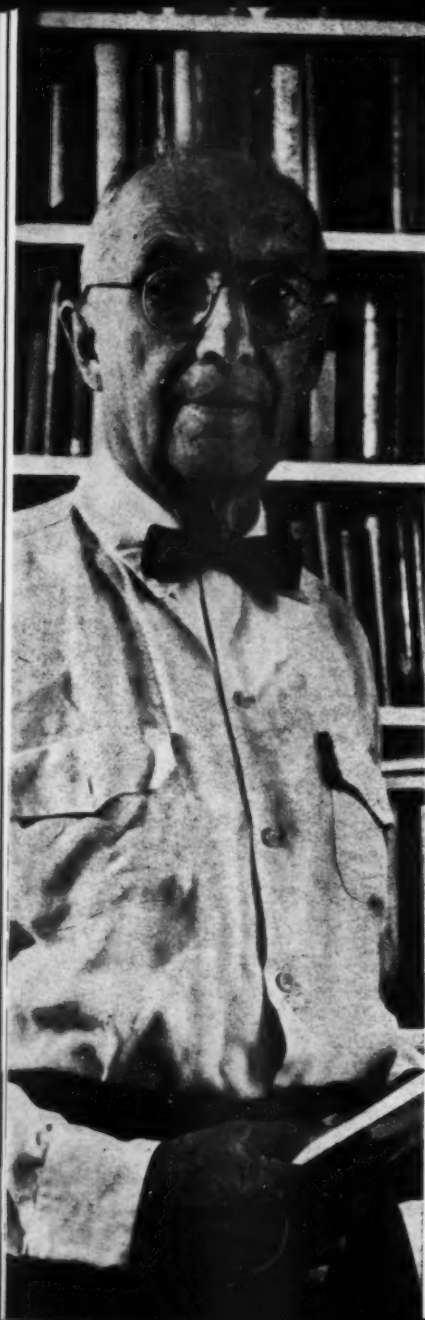
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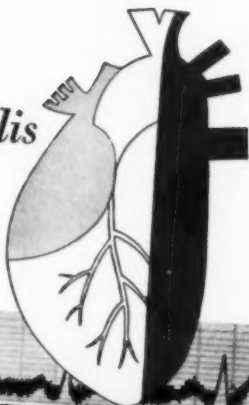


WHAT'S HIS NAME?

2. Poet

"One feeds the other, in a manner of speaking," said this doctor of his twin careers—medicine and poetry. For forty years he was a unique practitioner of his own philosophy. As a physician in his native Rutherford, N.J., he delivered 2,000 babies. Between these and other medical ministrations, he turned out a prolific amount of sensitive free verse, which has made him one of America's most respected poets. After receiving his M.D. at the University of Pennsylvania in 1906, he interned in New York, spent a year at the University of Leipzig, and then went to London, where he hobnobbed with Ezra Pound. In 1910, he returned to Rutherford to start a medical practice that he didn't relinquish until ill health forced him to retire in 1951, at the age of 68. He has written essays, short stories, novels, and his autobiography, besides his many volumes of poetry. And he's still writing, with unabated enthusiasm. Who is he? *More ▶*

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Lown, B., and Levine, S. A.: Current Concepts in Digitalis Therapy.
Boston, Little, Brown & Company, 1954, p. 23, par. 2

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3. Talent Agent

This Hoosier-born industrialist heads the largest organization in the world devoted to entertainment (it has been called "the star-spangled octopus"). Whatever needs supplying in the entertainment field—actors, ac-

WHAT'S HIS NAME?

tresses, singers, dancers, comedians, musicians, motion picture and television films—his company can and does supply. It is a giant among the talent and booking agencies, as well as in the production of TV shows. He early demonstrated his business acumen by organizing and booking college bands while he was attending the University of West Virginia and the University of Chicago. He got his M.D. from Rush Medical College in 1921. He did post-graduate work at the Fuchs Eye Clinic of the University of Vienna, and, in 1922, published a treatise "Telescopic Spectacles and Magnifiers as Aids to Poor Vision." He was a practicing eye man in Chicago when, with a capital of \$1,000, he rented two small rooms and established his talent agency. He soon became so busy he found it necessary to give up his medical practice completely, and today his corporation shows annual profits of more than \$5,000,000 after taxes. Do you know his name?

END

Deltoid bursitis



Analgesics alone merely mask pain. New Medaprin adds Medrol* to suppress the inflammation that causes the pain and stiffness. Thus, to the direct relief of musculoskeletal pain,

Medaprin[†] adds restoration of function.

Medaprin is supplied in bottles of 100 and 500 tablets, each containing: 300 mg. acetylsalicylic acid for prompt relief of pain; 1 mg. Medrol to suppress the causative inflammation; 200 mg. calcium carbonate as buffer.

*Trademark, Reg. U.S. Pat. Off.—methylprednisolone, Upjohn

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**90% of anxious, agitated
and apathetic office patients
calmed without drowsiness
and with normal drive restored...
on one or two 0.25 mg. tablets b.i.d.:**

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Fluphenazine dihydrochloride



In Anxiety and Anxiety-induced Depression

"In contrast to other phenothiazines, it [PERMITIL] mitigates apathy, indifference, inertia and anxiety-induced fatigue. Thus, instead of impeding effective performance of daily tasks, it increases efficiency by facilitating psychic relaxation. Consequently, acceptance of this drug, especially by office patients, has been excellent."¹

■ In 1164 patients with anxiety and anxiety-induced fatigue or depression, PERMITIL, administered in small daily doses of 0.5 mg. to 1 mg., produced significant improvement in 90%.²

■ PERMITIL is virtually free from side effects at recommended dosage levels.

■ Patients become calm without being drowsy and normal drive is restored.

■ Onset of action is rapid; effect is prolonged.

■ PERMITIL does not potentiate barbiturates or non-barbiturate sedatives and can be used with impunity with such agents.

How to prescribe PERMITIL: The lowest dose of PERMITIL that will produce the desired clinical effect should be used. The recommended dose for most adults is one 0.25 mg. tablet twice a day (taken morning and afternoon). Increase to two 0.25 mg. tablets twice a day if required. Total daily dosage in excess of 1 mg. should be employed only in patients with relatively severe symptoms which are uncontrolled at lower dosage. In such patients, the total daily dose may be increased to a maximum of 2 mg., given in divided amounts. Complete information concerning the use of PERMITIL is available on request.

SUPPLIED: Tablets, 0.25 mg., bottles of 50 and 500.

REFERENCES: 1. Ayd, F. J., Jr.: Current Therapeutic Research 1:41 (Oct.) 1959. 2. Recent compilation of case reports received by the Medical Department, White Laboratories, Inc.

PERMITIL

W.L.

White Laboratories, Inc., Kenilworth, New Jersey

one
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injection...

and he's protected
for weeks

BICILLIN remains an established, effective penicillin of choice whenever penicillinemia must persist for days . . . and even weeks. Gratifying clinical results have been confirmed again and again in:

rheumatic fever prophylaxis^{1,2}—one injection a month protects against onset and recurrence.

streptococcal and pneumococcal infections^{3,4}—one injection prevents complications in penicillin-susceptible respiratory, surgical, and other bacterial infections.

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INJECTION

BICILLIN[®]

Benzathine Penicillin G, Wyeth



A
Century of Service
to Medicine

... to supplant repeated procaine penicillin injections

For further information on prescribing and administering BICILLIN
see descriptive literature, available on request.

1. Mortimer, E.A., Jr., et al.: New Eng. J. Med. 260:101 (Jan. 15) 1959. 2. Lade, R.I., et al.: Pediatrics 27:238 (Feb.) 1958. 3. Morris, A.J., and Rammelkamp, C.H., Jr.: J.A.M.A. 165:664 (Oct. 12) 1957. 4. Davis, J., and Schmidt, W.C.: New Eng. J. Med. 256:339 (Feb. 21) 1957.

How to Invest Profitably In a Bear Market

Here are some ways to go about beating the stock market when it behaves badly. Just remember: No maneuver always works—even for a big-time investor

By Ralph J. Seymour

As a good many doctors have discovered, successful investing isn't always as easy as it was in 1958 and 1959. Back then, you could call your broker, place an order for practically any blue-chip stock, and sit back while the price went up. But the situation changed radically at the start of this year. In Wall Street terminology, the stock market turned "mushy."

More than a few men who'd made big profits during the bull market saw their gains wiped

out. Some went so far as to dump their holdings and convert everything into cash. Others weeded out their speculative issues and sat on the rest.

Yet the shrewdest investors I know use periods of market weakness to make substantial profits. Their methods call for nerve, judgment, and a different approach to investing. Even the experts sometimes come a cropper. So some of their maneuvers may not be for you.

Just the same, you'll be able to

THE AUTHOR is a Washington, D.C., economist and investment consultant.

HOW TO INVEST IN A BEAR MARKET

manage your portfolio better if you know something about the fine points of the sophisticated investor's methods. Remember, though: If you decide to use an unfamiliar gambit, check with your financial adviser or a trustworthy broker first.

I don't mean to imply that you can make money in a downturn only by taking dangerous risks. But you do need special knowledge. And even before you start to think of making money, you should take steps to protect your unrealized profits and to main-

Promising Stocks in

	1959-60 Price Range			Current Yield
	High	Low	Recent	
BAKING				
General Mills ¹	40⅞	24⅝	24⅞	4.82%
National Biscuit	58½	49⅜	57¾	4.16 ²
COSMETICS				
Gillette	73½	44¾	69	3.62 ²
Revlon	64¼	46½	64¼	3.11
DAIRY				
Foremost Dairies	21¾	17⅝	18	5.56
National Dairy	54⅜	44⅝	51¼	3.90
ELECTRIC UTILITIES				
Public Service E & G	43⅞	35¾	37⅞	4.75
Puget Sound P & L	36⅜	29½	30⅜	4.74
FINANCE				
Beneficial Finance	28⅞	22⅜	26⅝	3.76 ²
Household Finance ¹	37¼	26¼	28⅝	4.19 ²
FOOD MANUFACTURING				
Campbell Soup	55⅝	45	54	3.33
Corn Products	59⅞	46½	52⅞	3.84

¹Adjusted for stock splits. ²Plus stock dividends and other extras.

tain the value of your present holdings. Here are three defensive steps that seem worth taking whenever the market goes into a slump:

1. *Prune your portfolio.* Few economists believe there'll be a serious recession soon. But many

feel that the so-called cyclical industries may have reached or passed their peaks in the current boom phase of the business cycle.

Heavy-goods lines—steel, autos, railroad equipment, machine tools—get a rush of orders dur-

12 Defensive Industries

	1959-60 Price Range			Current Yield
	High	Low	Recent	
FOOD RETAILING				
First National Stores	80 $\frac{7}{8}$	52 $\frac{1}{4}$	55 $\frac{1}{2}$	3.60% ²
Food Fair Stores	43	30 $\frac{1}{8}$	31 $\frac{1}{8}$	3.14
INSURANCE				
Connecticut General	389	312	312	0.77
Continental Insurance	66	44 $\frac{3}{4}$	46 $\frac{7}{8}$	4.27 ²
SOAP				
Procter & Gamble	102	73 $\frac{3}{4}$	101 $\frac{3}{4}$	2.56
Spencer Kellogg	21 $\frac{1}{4}$	13 $\frac{1}{2}$	13 $\frac{3}{4}$	5.82
TELEPHONE				
American Telephone ¹	96 $\frac{1}{8}$	74 $\frac{7}{8}$	88 $\frac{1}{4}$	3.74
Pacific Telephone ¹	32 $\frac{3}{4}$	21 $\frac{1}{4}$	27 $\frac{3}{4}$	4.11
TOBACCO				
American Tobacco ¹	55 $\frac{1}{4}$	45	53 $\frac{1}{4}$	4.32
U.S. Tobacco	26 $\frac{3}{8}$	22 $\frac{3}{8}$	23 $\frac{3}{4}$	5.05 ²
VARIETY STORES				
G. C. Murphy	53 $\frac{3}{4}$	43 $\frac{3}{8}$	51 $\frac{1}{4}$	4.29 ²
F. W. Woolworth	67 $\frac{1}{2}$	53 $\frac{1}{2}$	66 $\frac{3}{4}$	3.75

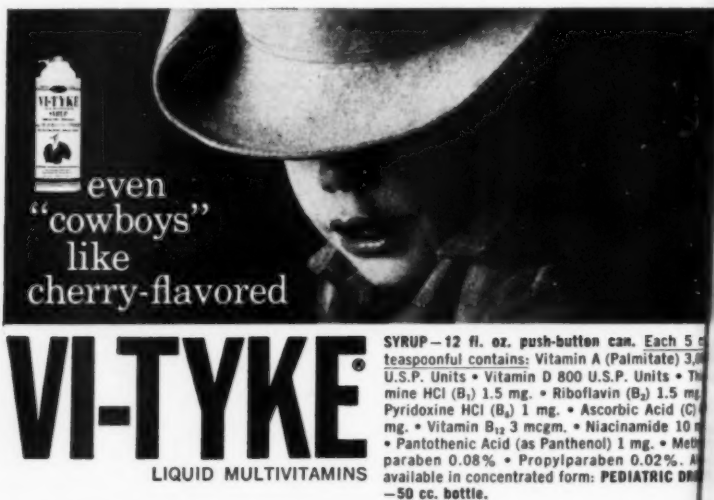
HOW TO INVEST IN A BEAR MARKET

ing a business recovery. And they're the first to be hit when the economy turns down. Thus, steel output recently fell to less than 75 per cent of capacity. Auto assembly has been cut back. And such related lines as auto parts, railroading, and mining have also been suffering.

So bear markets may be the time to discard your holdings in the weak sisters. Naturally, if you have stock in those few well-situated leaders that make money even when operating at low capacity, hold onto it.

2. *Use stop-loss orders.* Perhaps the simplest way to protect the value of your holdings is to issue a stop-loss order. That means telling your broker to sell a given issue if it falls to a certain price level.

How do you select a stop-loss price? Some investors take the nearest multiple of five below the stock's present price, then subtract a quarter of a point or an eighth of a point from that figure. The theory is that stocks often meet buying interest when they break below a psychological fig-



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like
cherry-flavored

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IN BRIEF

BONINE is an antiemetic which provides rapid and prolonged protection against nausea and vomiting due to a variety of causes. A single dose of **BONINE** is usually effective for 24 hours. Thus, **BONINE** can be taken at bedtime to help prevent "next morning" sickness.

INDICATIONS: Valuable in the symptomatic relief of nausea and vomiting of pregnancy. Also indicated for motion sickness, radiation sickness, vertigo associated with Ménière's syndrome, labyrinthitis, fenestration procedures, vestibular dysfunction, and dizziness associated with cerebral arteriosclerosis.

ADMINISTRATION AND DOSAGE: For control of nausea and vomiting of pregnancy, a daily dose of 25 to 50 mg. is usually effective. For dosage schedules in other indications, see package insert.

SIDE EFFECTS: Not a phenothiazine, the side effects reported in association with Bonine have been mild and/or transient and consist of occasional drowsiness, dryness of the mouth, and blurred vision. Drowsiness is seen less frequently with **BONINE** in therapeutic dosages than with most other effective antiemetics.

PRECAUTIONS: As with other antihistaminic compounds, the physician should inform patients of the need for caution in driving a car or when engaged in other activities requiring alertness. There are no known contraindications to **BONINE**.

SUPPLIED: **BONINE** Tablets, scored, tasteless, 25 mg. **BONINE** Chewing Tablets, mint-flavored, 25 mg. **BONINE** Elixir, cherry-flavored, 12.5 mg. per teaspoonful (5 cc.).

More detailed professional information available on request.

n. Each 5 g
(limitate) 3.6
Units • Th
(B₂) 1.5 mg
ic Acid (C)
namide 10 m
1 mg. • Me
n 0.02%. A
DIATRIC DR

York

HOW TO INVEST IN A BEAR MARKET

ure such as 65 or 60. If they don't begin to go up again, a sell-out is indicated. Thus, with Armco Steel selling at around 62½, the stop-loss point might be 59¾.

3. *Hedge your bets.* Despite the slump in stock prices early this year, some investors have held onto most of their bull-market gains. Perhaps they'd like to sell these shares now but find it inconvenient for tax or other reasons. There are two ways they can still protect their profits: by "puts," and by selling short.

A "put" is a contract giving you the right to sell a stock (in 100-share round lots) at a specified price within a limited period. To see how it can be used as a market hedge, let's suppose you own 100 shares of a stock selling at about 50. You've made a good gain on the stock, but you're worried about what might happen to it in the near future.

You can buy a put on the stock, allowing you to sell the round lot at a price of 50 any time within the next six months. Thus, you're protected against

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*with proficient defense
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MI-CEBRIN T®—therapeutic vitamin-mineral tablet helps meet increased nutritional demands

"Primary or secondary nutritional disorders produce or complicate all the problems of the sick."¹ Patients undergoing any prolonged convalescence will recover faster with potent nutritional supplementation.

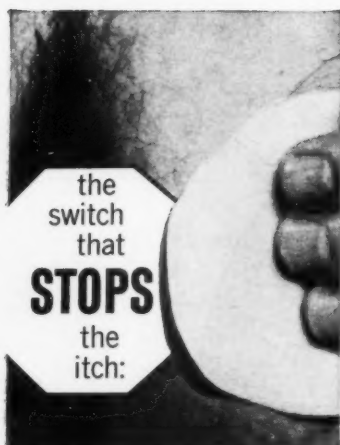
Mi-Cebrin T supplies *therapeutic* quantities of vitamins and minerals plus intrinsic factor—the "B₁₂ absorption booster" of special value to those elderly patients whose ability to absorb vitamin B₁₂ may be impaired. For your convalescing patients—prescribe one or more Tablets Mi-Cebrin T a day.

Mi-Cebrin T® (vitamin-minerals therapeutic, Lilly)

1. Spies, T. D.: Some Recent Advances in Nutrition, J.A.M.A., 167:675, 1958.

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128 MEDICAL ECONOMICS • JULY 4, 1960

BEAR MARKET

price declines during that period. If the price drops as you fear, you exercise the contract and sell out at 50. If the stock stays at the same level or goes up, you let the contract lapse. You're out only the "insurance premium" that you paid for the protection.

Your broker can buy a put for you as easily as he buys your stocks. The price depends on the length of the option period and on the stock itself. But a put is likely to cost you several hundred dollars. So you should use the device sparingly, where you feel you need it most.

So much for puts. Now for selling short:

When you decide to go short, you sell stock you don't own. Your broker borrows the shares for you and delivers them to the



(Answers to the quiz on page 111)

1. Dr. Charles S. Houston.
2. Dr. William Carlos Williams.
3. Dr. Jules C. Stein, chairman of the board of the Music Corporation of America (MCA, Inc.).

RATIONAL THERAPY
IN A WIDE RANGE OF
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NEW FURACIN[®]-HC CREAM

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INFECTED AND POTENTIALLY INFECTED DERMATOSES / PYODERMAS / ULCERS
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FURACIN-HC Cream combines the anti-inflammatory and antipruritic effect of hydrocortisone with the dependable antibacterial action of FURACIN[®], brand of nitrofurazone—the most widely prescribed single topical antibacterial. The broad bactericidal range of FURACIN includes stubborn staphylococcal strains, and there has been no development of significant bacterial resistance after more than a dozen years of widespread clinical use. FURACIN is gentle to tissues, does not retard healing; its low sensitization rate is further minimized by the presence of hydrocortisone.

FURACIN-HC Cream is available in tubes of 5 Gm. and 20 Gm. Fine vanishing cream base, water-soluble.

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HOW TO INVEST IN A BEAR MARKET

buyer. If the market drops, some of your bull-market profits ebb away. But the stock you *sold* suffers, too. You're in a position to buy it back for less than you sold it. The difference is your profit. This "short" gain balances your loss on the stock you've been holding.

There are two ways for you to play the short side. For one

thing, you can "go short against the box." That means you sell as many shares of an issue as you already hold.

For example, let's say you bought 200 shares of Allied Chemical at 45, as one doctor I know did in the fall of 1958. At a price of 58, you begin to doubt the market's trend. To go short against the box, you sell 200 bor-

Five Well-Known Convertible Bonds

	Call Price	Equivalent Shares of Common ¹	Recent Common Price	Value in Common	Recent Bond Price	Current Yield ²
Burroughs Corp. 4½s of '81	104.12	25.67	36¾	\$ 943	115½	3.90%
El Paso Natural Gas ³ 5¼s of '77	104.65	28.57	33¾	964	116	4.52
Garrett Corp. 4¾s of '78	104.75	21.74	45¾	997	110	4.44
Potomac Electric Power 3¾s of '73	104.00	40.00	28¾	1,155	114¾	3.27
Spiegel 5s of '84	105.00	32.60	32¾	1,064	119¼	4.19

¹Per \$1,000 bond. ²Obtained by dividing recent bond prices into interest rate. ³Traded over the counter; all other issues traded on the New York Stock Exchange.



WHY BAKER'S MODIFIED MILK REPLACES BUTTERFAT WITH COCONUT AND CORN OILS

1. Jones & Marriott:
Infant Nutrition. Ed. 4.
Mosby, (1948).

2. Hoagland, R. & Solder, G. G.:
J. Nutrition 28:219 (1943).

3. Hansen, A. E. et al:
J. Nutrition 66:565 (1960).

4. Adam, Doris J. D. et al:
J. Nutrition 66:555 (1958).

OPTIMUM NUTRITION:
Providing all the normal
nutritional requirements plus a
margin for stress situations.

■ For improved toleration, elimination of sour odor—due to absence of butyric acid, reduction of caproic acid.¹

■ For increased digestibility, fat absorption—due to a 4% reduction of palmitic and stearic acids.²

■ For greater skin integrity, reduction of certain types of infantile eczema, improved utilization of calories—because 6% of calories are present as linoleic acid.^{3,4}

The Baker Laboratories, Inc., Cleveland 3, Ohio

HOW TO INVEST IN A BEAR MARKET

rowed shares of Allied. As a result, your protection is absolute. Every loss on your original holding is matched by a gain on the short side.

You pay a price for this protection, as you do for any insurance. The total broker's commissions on the sale and subsequent buy-back range between 2 and 6 per cent of the stock's market price. And you have to pay any dividends that would normally have accrued to the lender of the stock. But these costs are small, considering the potential losses against which you're protected.

Going short against the box can tie up a lot of cash, however. Your broker keeps the proceeds of the short sale until he buys the stock back for return to the borrower. In addition, you must put up 90 per cent of the stock's market price, or whatever percentage the margin rule calls for.

You can cut the amount of cash you tie up by going short with fewer shares of a different, more volatile issue. This is the second method of going short. A relatively few shares of a cyclical stock that's likely to plummet

may provide enough protection for a substantial portfolio.

Thus, to protect your profits on 200 shares of Allied Chemical you might sell only 100 shares of Electric Auto-Lite. You'd be assuming that the highly volatile auto-parts issue would decline two or more times as fast as your Allied.

So much for *protecting* your profits in times of uncertainty. But how can you *make* profits in a period of market declines? There are three different ways you ought to think about:


1. Consider capitalizing on price declines.

You do this by going short, just as you would to protect your profits. Only this time you don't own any of the stock you sell. You make a profit selling virtually any stock short *if you've correctly diagnosed the trend*.

Generally, your best bets will be the cyclical groups I've mentioned earlier. The more volatile the stock, the quicker and greater your profit is likely to be.

To illustrate, let's say you feel that steel stocks are overpriced.

Continued on page 136



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for
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SURFADIL®

promptly relieves minor skin irritations

Summertime skin woes—poison ivy, insect bites, and sunburn—yield readily to the soothing effects of Lotion Surfadil. The anesthetic component stops pain and itch almost instantly. An odorless, skin-colored coating of antihistamine and adsorbent remains to maintain relief for hours.

This coating also helps prevent sunburn in your more sensitive patients. The ingredient titanium dioxide acts as a translucent "shield" to screen the sun's rays.

Each 100 cc. contain:

Histadyl™ 2 Gm.

Surfacaine®. 0.5 Gm.

Titanium Dioxide . . . 5 Gm.

Available in spillproof, unbreakable plastic containers of 75 cc.

Surfadil® (cyclomethycaine and thenylpyramine, Lilly)

Histadyl™ (thenylpyramine, Lilly)

Surfacaine® (cyclomethycaine, Lilly)

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when judgment dictates oral penicillin,



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experience dictates V-CILLIN K®

(penicillin V potassium, Lilly)

for maximum effectiveness

Recently, Griffith¹ reported that V-Cillin K produces antibacterial activity in the serum against penicillin-sensitive pathogens which is unsurpassed by any other form of oral penicillin. This helps explain why physicians have consistently found that V-Cillin K gives a dependable clinical response.

for unmatched speed

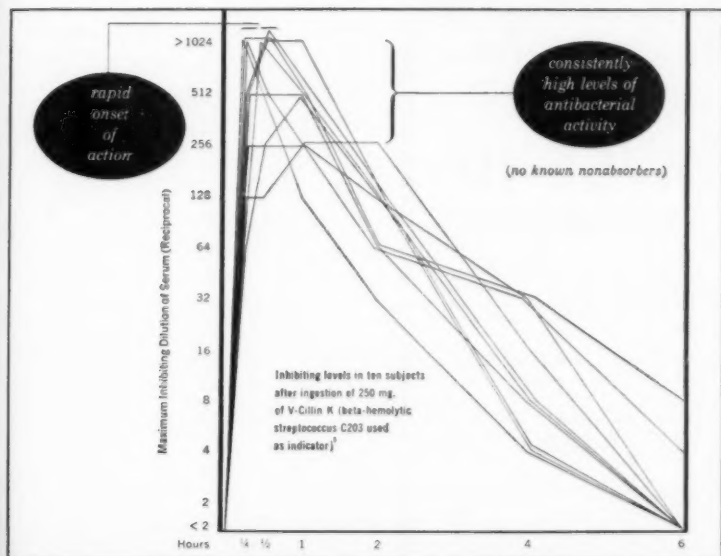
Peak levels of antibacterial activity are attained within fifteen to thirty minutes—faster than with any other oral penicillin.¹

for unsurpassed safety

The excellent safety record of V-Cillin K is well established. There is no evidence available to show that any form of penicillin is less allergenic or less toxic than V-Cillin K.

Usual dosage: 125 or 250 mg. three times daily. Supplied as scored tablets of 125 and 250 mg.

1. Griffith, R. S.: Comparison of Antibiotic Activity in Sera Following the Administration of Three Different Penicillins, *Antibiotic Med. & Clin. Therapy*, 7: No. 2 (February), 1960.



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for **POISON IVY**
and **PRICKLY HEAT**

COOL AVEENO® COLLOID BATHS

Since heat and sweating intensify both poison ivy and prickly heat, removal to a cool environment and reduction of sweating is an important first step in relieving the patient.

AVEENO COLLOID BATHS will afford immediate temperature reduction and alleviation of sweating . . . as well as relief from itching by virtue of *colloidal oatmeal*, used for over a decade as an excellent antipruritic and anti-inflammatory agent.

AVEENO COLLOIDAL OATMEAL
is available in 18 oz. and 4 lb. boxes.
1 cup to tub of water

AVEENO CORPORATION
Pioneers in Ethically Promoted Colloid Baths

BEAR MARKET

So-and-So Steel seems especially out of line. You decide it's a likely candidate for a slide. So you tell your broker to sell 100 shares for you at the market price of 65.

If the stock declines in price—as you thought it would—you have made a profit. If you buy it back at 50, you're \$1,500 ahead, minus commissions and other transaction costs.

There's a risk to this maneuver, of course. The stock might go up. You might be forced to buy it back at, say, 75. Then you would be out \$1,000.

Selling short tends to be much more speculative than normal "long" buying for two reasons. In the first place, you can't stay short indefinitely. Stocks of most corporations tend to rise in the long run. What's more, if you wait around too long, your profits can be eaten up by the dividends you must pay to the lender of the stock out of your own pocket.

In the second place, going short may be less rewarding than buying for a rise, because the gains you can make are more limited. When you buy, the sky's the limit. But a stock in which

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whole root rauwolfia for exceptional patient response

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HOW TO INVEST IN A BEAR MARKET

you're short can fall to no less than zero.

2. Consider buying securities that thrive during business declines.

The very forces that darken the outlook for most stocks actually brighten the prospects for other types of investment. These latter fall into four broad groups:

► **Group I: bonds.** When profits shrink, the fixed yields that bonds pay begin to look attractive. As a matter of fact, the returns on bonds are high today by any standard.

Long-term Government bonds now yield $4\frac{1}{4}$ per cent, much more than most blue-chip common stocks. Recently issued corporate bonds pay 5 per cent on even good grades. For the high-bracket investor, tax-exempt municipals do better still.

Some of the bonds issued back in the low-interest days may be even better buys. Reason: the possibility of capital gains. Such bonds now sell below face value, because investors today won't pay that sum for—say—a 3 per cent yield. Buyers get a bigger

Buy Florida Acreage on Unusual Purchase Plan!

- ★ Only 10% Down Payment Required
- ★ 10-Year Moratorium on Principal

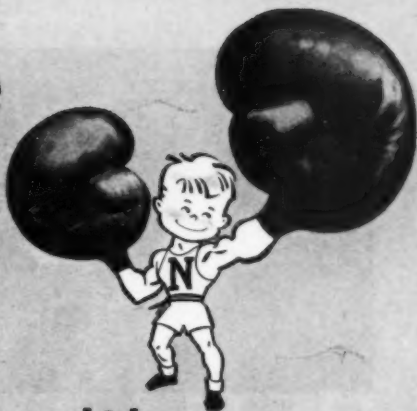
20-acre tracts now being offered between the Atlantic Ocean and the huge Pratt & Whitney plant in northern Palm Beach County...one of Florida's fastest-growing areas! Purchase plan provides substantial tax advantages—you pay tax-deductible interest only (no principal payments) for 10 years. Write for PALM BEACH COUNTRY ESTATES Brochure.

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"knock the stuffings" out of hay fever stuffiness with **Naldecon**®



The long-acting nasal decongestant with the therapeutic "one-two"

— relief within minutes that lasts for hours!

"One-two"... for greater effectiveness

— nasal decongestant action
— antihistaminic action

"One-two"... for greater safety

— reduced dosage of 2 decongestants and 2 antihistaminics
— counterbalance of possible decongestant stimulation and antihistaminic sedation

"One-two"... for prompt and sustained action

— outer layer of tablet provides immediate effects, with duration of 3 to 4 hours.

— inner "delayed-release" core sustains effects for additional 3 to 4 hours.

"One-two"... for convenience in administration

— long-acting scored tablets for adults and children.
— pleasant-tasting syrup for infants and young children.

Each long-acting NALDECON "tablet-within-a-tablet" contains:

	Outer Layer (3 to 4 hours relief)	Inner Core (additional 3 to 4 hours relief)	Total Content (6 to 8 hours relief)
Decongestants			
Phenylephrine HCl	5.0 mg.	5.0 mg.	10 mg.
Phenylpropanolamine HCl	20 mg.	20 mg.	40 mg.
Antihistaminics			
Phenyltoloxamine citrate	7.5 mg.	7.5 mg.	15 mg.
Chlorpheniramine maleate	2.5 mg.	2.5 mg.	5.0 mg.

Each teaspoonful (5 cc.) of NALDECON Syrup contains: phenylephrine HCl 5 mg., phenylpropanolamine HCl 20 mg., phenyltoloxamine citrate 7.5 mg., and chlorpheniramine maleate 2.5 mg.


Precautions: The usual precautions regarding antihistaminic and sympathomimetic drugs should be observed.

SUPPLY:

Naldecon Tablets, scored, bottles of 50 tablets.
Naldecon Syrup, prescription bottles of 16 oz.



**BRISTOL
LABORATORIES**
Syracuse, New York



Naturetin
Squibb Benzydrolumethiazide

Naturetin K
Squibb Benzydrolumethiazide with Potassium Chloride

"...a safe and extraordinarily effective diuretic..."¹

Naturetin—reliable therapy in edema and hypertension—maintains a favorable urinary sodium-potassium excretion ratio . . . retains a balanced electrolytic pattern:

- "...the increase in urinary output occurs promptly..."¹
- "...the least likely to invoke a negative potassium balance..."²
- "...a dose of 5 mg. of Naturetin produces a maximal sodium loss..."²
- "...an effective diuretic agent as manifested by the loss in weight..."³
- "...no apparent influence of clinical importance on the serum electrolytes or white blood count..."³
- "...no untoward reactions were attributed to the drug..."⁴

Although Naturetin causes the least serum potassium depletion as compared with other diuretics, the supplementary potassium chloride in Naturetin K provides added protection when treating hypokalemia-prone patients, patients with conditions where the likelihood of electrolyte imbalance is increased or during extended periods of therapy.

Numerous clinical studies confirm the effectiveness¹⁻¹⁵ of Naturetin as a diuretic and antihypertensive—usually in dosages of 5 mg. per day.

■ the most potent diuretic, mg. for mg.—more than 100 times as potent as chlorothiazide ■ prolonged action—in excess of 18 hours ■ convenient once-a-day dosage—more economical for patients ■ low toxicity—few side effects—low sodium diets not necessary ■ not contraindicated except in complete renal shut-down ■ *in hypertension*—significant lowering of the blood pressure. Naturetin may be used alone or with other antihypertensive drugs in lowered doses.

Supplied: Naturetin Tablets, 5 mg. (scored) and 2.5 mg. Naturetin K (5 \bar{c} 500) Tablets (capsule-shaped) containing 5 mg. benzydrolumethiazide and 500 mg. potassium chloride. Naturetin K (2.5 \bar{c} 500) Tablets (capsule-shaped) containing 2.5 mg. benzydrolumethiazide and 500 mg. potassium chloride.

References: 1. David, N. A.; Porter, G. A., and Gray, R. H.: Monographs on Therapy 5:60 (Feb.) 1960. 2. Stenberg, E. S., Jr.; Benedetti, A., and Forsham, P. H.: Op. cit. 5:46 (Feb.) 1960. 3. Fuchs, M.; Moyer, J. H. and Newman, B. E.: Op. cit. 5:55 (Feb.) 1960. 4. Marriott, H. J. L., and Schamroth, L.: Op. cit. 5:14 (Feb.) 1960. 5. Ira, G. H., Jr.; Shaw, D. M., and Bogdonoff, M. D.: North Carolina M. J. 21:19 (Jan.) 1960. 6. Cohen, B. M.: M. Times, to be published. 7. Breneman, G. M., and Keyes, J. W.: Henry Ford Hosp. M. Bull. 7:281 (Dec.) 1959. 8. Forsham, P. H.: Squibb Clin. Res. Notes 2:5 (Dec.) 1959. 9. Larson, E.: Op. cit. 2:10 (Dec.) 1959. 10. Kirkendall, W. M.: Op. cit. 2:11 (Dec.) 1959. 11. Yu, P. N.: Op. cit. 2:12 (Dec.) 1959. 12. Weiss, S.; Weiss, J., and Weiss, B.: Op. cit. 2:13 (Dec.) 1959. 13. Moser, M.: Op. cit. 2:13 (Dec.) 1959. 14. Kahn, A., and Greenblatt, I. J.: Op. cit. 2:15 (Dec.) 1959. 15. Grollman, A.: Monographs on Therapy 5:1 (Feb.) 1960.

NATURETIN IS A SQUIBB TRADEMARK.

SQUIBB



Squibb Quality—the Priceless Ingredient

B

HOW TO INVEST IN A BEAR MARKET

return for their money on a newer issue. But as business slows down, interest rates tend to fall again. Then the prices of even low-interest bonds rise toward par.

►Group II: preferred stocks. Like bonds, preferred stocks pay a high fixed return. True, their dividends aren't quite the sure thing that bond interest is. Few companies are likely to skip preferred-stock dividends short of a severe depression, however. And preferreds often yield more than bonds.

►Group III: common stocks. Common stocks can also be a profitable investment in a downturn, if you choose the right industries. Among these are the so-called defensive lines. They stand up well through the sharp reversals of the business cycle because they fill some of the basic, nonpostponable consumers' needs.

Such needs may be physical: for food, fuel, light, and shoes. They can be psychological: the desire for tobacco, candy, or

Continued on page 144

she's been **HYFRECATED***

Desiccate those unsightly, possibly dangerous skin growths with the ever-ready, quick and simple to use Hyfrecator®. More than 150,000 instruments in daily use.

**not a blemish on her*



Please send me your new full-color brochure showing step-by-step Hyfrecation techniques.

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MEDICAL ECONOMICS • JULY 4, 1960 141

B

THE BIRTCHER CORPORATION


Department ME-760A
4371 Valley Blvd., Los Angeles 32, Calif.



THIS IS
THE
TABLET

M-275

XUM



ALPEN is the oral penicillin that provides, on a fasting stomach, peak antibiotic blood levels approximately twice as high as oral potassium penicillin V... and significantly higher than I. M. penicillin G.

Some strains of staphylococci resistant to other penicillins exhibit in vitro sensitivity to potassium phenethicillin.

ALPEN has greater freedom from the G. I. sequelae (overgrowth of resistant flora) sometimes observed with broad spectrum-mycins.

ALPEN gives much higher antibiotic levels within the first hour of ingestion by the well-tolerated oral route.

WHEN TO USE ALPEN Recommended in the treatment of infections caused by pneumococci, streptococci, gonococci, corynebacteria, and penicillin-sensitive staphylococci.

HOW TO USE ALPEN Depending on the severity of the infection, 125 mg. (200,000 units) or 250 mg. (400,000 units) three times daily may be used.

In more severe or stubborn infections, a dosage of 500 mg. (800,000 units) t.i.d. may be employed.

In beta hemolytic streptococcal infections, treatment should be continued for at least ten days.

PRECAUTIONS The usual precautions in the administration of oral penicillin should be observed. For further details see package literature.

Tablets: 125 mg. and 250 mg., bottles of 25 and 100.

Powder for Oral Solution (lemon-lime flavored), 1.5 Gm. bottle (125 mg. per 5 cc. teaspoonful).

this is the tablet
that gives higher peak
antibiotic blood levels

HIGHER THAN I. M. PENICILLIN G
HIGHER THAN POTASSIUM PENICILLIN V

ALPEN

ALPEN™—potassium phenethicillin

Schering

HOW TO INVEST IN A BEAR MARKET

beauty aids. Or they may be financial: the need for insurance or bank loans.

In a roaring bull market, defensive stocks often look drab and unpromising in comparison with the lively cyclical issues. But in a bear market, their regular, if unspectacular, dividends are attractive indeed.

One Good Bet

Most highly regarded of the defensive stocks are the electric utilities. One reason: In good years and bad, their billings continue to increase along with population growth and expanding per-capita use of their facilities. Another reason: Their earnings tend actually to increase in the early stages of a recession, as the cost of money and materials slips. Power-company dividends also benefit from the present tendency of regulatory bodies to allow them rates of return higher than the traditional 6 per cent.

In the market slide that occurred in late 1957, the prices of electric-utility stocks fell only half as much as those of industrial stocks. What's more, utility

shares began to climb again two months before the market as a whole did.

►Group IV: convertible securities. Many investment advisers regard convertible bonds and convertible preferred stocks as the ideal investment in an edgy market. During a bear swing, their fixed returns can pay off in good income and even some capital gains.

Better still, if the market turns around and common stocks start to rise again, the conversion feature deals you in on the common's appreciation, too. The convertible bond or preferred is the equivalent of a fixed number of common shares. Thus, it moves up along with the equity security.

A Convertible in Action

A classic example is the bond issued two years ago by the Brunswick Corp., maker of billiard and bowling equipment. The bonds were sold at 110 when the common was being quoted at 40. Because of their prior claim on company income and assets—and because they were yielding

IN AGITATION AND TENSION

STELAZINE

brand of trifluoperazine

promptly calms and relaxes . . . reduces excitability and hyperactivity to normal levels. 'Stelazine' has little if any soporific effect. In fact, trial of 'Stelazine' in patients, when they are not at work, will show that in almost every case 'Stelazine' can be used without drowsiness on the job.

In one study¹ 'Stelazine' was given to crane operators, truck drivers,

bulldozer operators and railroad engineers who were tense or agitated. They enjoyed relief of emotional distress—without a single case of drowsiness on the job.

N.B.: For information on dosage, cautions, contraindications and side effects, see available comprehensive literature, or your PDR.

AVAILABLE: Tablets, 1 mg., in bottles of 50 and 500; and tablets, 2 mg., in bottles of 50.

1. Maerz, J.C.; Lee, H.G., and Hunter, H.H.: Treatment of Anxiety and Depressive Reactions: Special Requirements of Working Patients, report accompanying scientific exhibit at the Clinical Meeting of the American Medical Association, Dallas, Dec. 2-4, 1959.

*leaders in
psychopharmaceutical research*

**SMITH
KLINE &
FRENCH**

HOW TO INVEST IN A BEAR MARKET

much more—the bonds were a safer holding against a market decline.

But the common didn't decline. In a seven-month period, it rocketed to 73. And the convertible went right along, from 110 to 178. Since each \$1,000 bond was convertible into 24.39 shares of common, the common's price of 73 brought each \$1,000 bond's value to \$1,780. (That's 178, as bond prices are usually quoted.)

Buying a convertible bond or preferred usually calls for more

careful study than the purchase of a common stock. Not only must you make the usual appraisal of the company's sales and profit potentials. You also have to determine whether the security's price is reasonable. That involves consideration of its fixed yield, the selling price of the common, and the number of shares of common you'll get on conversion.

There's a simple rule of thumb, though. You're probably getting a good buy when a convertible

Continued on page 150

IN MEDICAL AND PREOPERATIVE MANAGEMENT OF BILIARY TRACT DISORDERS

"therapeutic bile" for effective hydrocholeresis
to combat bile stasis by flushing the biliary tract
with thin, natural bile

DECHOLIN Tablets (dehydrocholic acid, AMES)

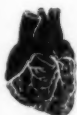
AMES
COMPANY, INC.
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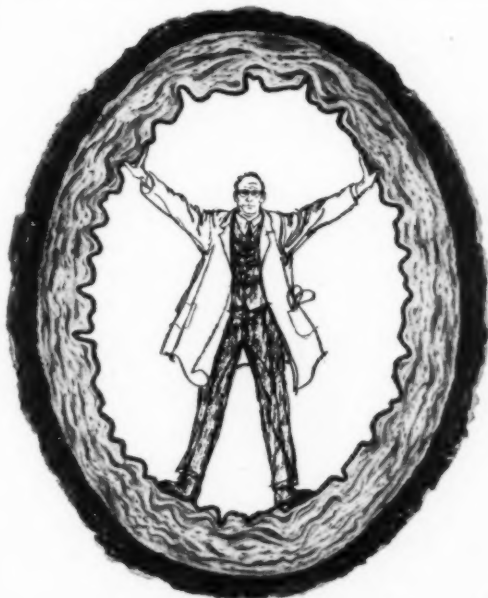
DECHOLIN®

M
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Tha



in coronary insufficiency



**Metamine® Sustained* helps
you dilate the coronaries**



METAMINE SUSTAINED (triethanolamine trinitrate biphosphate, 10 mg., in a unique sustained-release tablet) is a potent and exceptionally well tolerated coronary vasodilator. Pharmacological studies at McGill University demonstrated that METAMINE "exerts a more prolonged and as good, if not slightly better coronary vasodilator action than nitroglycerin . . ."¹ Work at the Pasteur Institute established that METAMINE exerts considerably less depressor effect than does nitroglycerin.² Virtually free from nitrate side effects (nausea, headache, hypotension), METAMINE SUSTAINED protects many patients refractory to other cardiac nitrates,³ and, given b.i.d., is ideal medication for the patient with coronary insufficiency. Bottles of 50 and 500 tablets. Also: METAMINE, METAMINE WITH BUTABARBITAL, METAMINE WITH BUTABARBITAL SUSTAINED, METAMINE SUSTAINED WITH RESERPINE.

1. Melville, K. I., and Lu, F. C.: Canadian M.A.J., 65:11, 1951. 2. Bovet, D., and Nitti-Bovet, F.: Arch. Internat. de pharmacodyn. et therap., 83:367, 1946. 3. Fuller, H. L., and Kassel, L. E.: Antibiotic Med. & Clin. Therapy, 3:322, 1956.

Thos. Leeming & Co. Inc. New York 17, N.Y.

*Patent applied for

a new
high-performance
penicillin molecule

provides the physician with an added measure of assurance
provides the patient with an added measure of therapeutic effectiveness

TABLETS

DARCIL*



- efficiently absorbed
- peak blood levels rapidly induced
- highest oral penicillin blood levels
- predictable blood levels
- highest urinary excretion
- lethal in vitro to many Staph. strains resistant to other penicillins

DARCIL (phenethicillin potassium) is *more rapidly* and *more completely* absorbed from the gastrointestinal tract than any other type of penicillin molecule. As a result, tissues are more likely to be supplied with adequate penicillin, despite individual patient-variation in the absorption of drugs. Blood concentrations of DARCIL directly reflect dosage levels, permitting adjustment of dosage to severity of infection.

Wyeth Laboratories Philadelphia 1, Pa.

*Trademark for phenethicillin potassium, Wyeth (Penicillin-152 Potassium)



A Century
of Service to Medicine

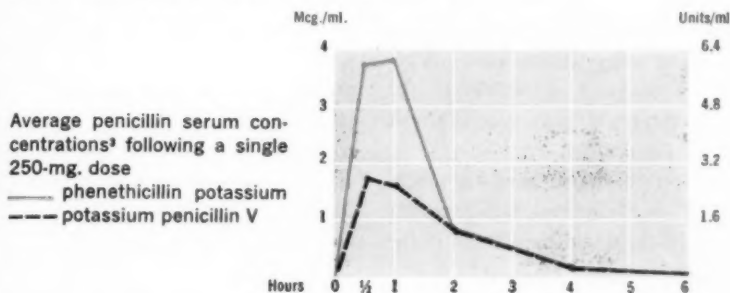
Many strains of Staph. aureus susceptible

Morigi *et al.*¹ administered phenethicillin potassium to 47 patients with a variety of bacterial infections caused by penicillin-susceptible organisms. Twenty strains of *Staph. aureus* were isolated from pre-therapy cultures; 19 were highly susceptible to phenethicillin potassium *in vitro*: one was resistant. Of 47 patients treated, 38 were cured, 6 improved, and 3 were unresponsive.

Prompt regression of symptoms

Cronk *et al.*² report prompt regression of symptoms and disease in 38 patients with diseases caused by penicillin-susceptible organisms. *The authors conclude that further experience will undoubtedly demonstrate the antibiotic to be highly efficacious in all infections caused by susceptible organisms.*

References: 1. Morigi, E.M.E., *et al.*: Antibiotics Annual 1959-1960 Antibiotica Inc., New York, N.Y. pp. 127-132. 2. Cronk, G.A., *et al.*: *Ibid.* pp. 133-145. 3. Wright, W.: Reported in Morigi, E.M.E., *et al.*: *Ibid.* 127-132.



Average penicillin urine concentrations¹ following a single 250-mg. dose

	0-6 Hrs.	6-12 Hrs.	24 Hrs.
phenethicillin potassium	36.9%	9.4%	0%
potassium penicillin V	18.2%	0.2%	0%

For further information on prescribing and administering DARCIL see descriptive literature, available on request.

Supplied: Tablets, scored; each containing 250 mg. (400,000 units) or 125 mg. (200,000 units) phenethicillin potassium; vials of 36 and 100.

DARCIL for Oral Solution; 125 mg. (200,000 units) per 5-cc. teaspoonful, bottle of powder to be reconstituted to 60 cc.

HOW TO INVEST IN A BEAR MARKET

sells (1) at close to its true value as a strictly income security; and (2) near its value in terms of common stock.

3. Consider buying good stocks at bargain prices.

You probably read stories earlier this year of persistent stock buying by mutual funds and insurance companies. You may have wondered: "Why do these market professionals add to their holdings when stocks are falling?"

Simply because price declines make some stocks seem attractive bargains, especially to the long-term investor who can wait for his reward.

To tell when a stock has reached a bargain level, you generally look for a substantial fall in the price-earnings ratio and a worthwhile increase in the yield. But better be sure that the company and industry still have a growth potential. A decline in a stock's price may reflect merely the discounting of long-range trouble, rather than a bargain price. The eclipse of some aircraft companies by the missile-makers is a case in point.

You can largely beg the problem of determining a bargain price by "averaging down." That means you buy an issue you like at what you feel may be a bottom price. If you're wrong and the price keeps slipping, you simply spend the same amount on further shares each time the price drops.

Since a given amount of money buys more shares when prices are low than when they're high, the average cost of the shares in your block will get progressively lower. *Thus, if the stock was soundly selected in the first place,* you'll be well ahead of the game when the next bull market rolls around and your stock moves up again.

* * *

Managing your money is tricky business in a period when the economy is losing steam and stocks are subject to sinking spells. As we've seen, you *can* make a decline work in your favor—but only if you're sure of your ground. If you're not sure of it, don't try any of the gambits described above unless you have expert advice. END

why not re-evaluate **PORK**

in the light of today's scientific findings—

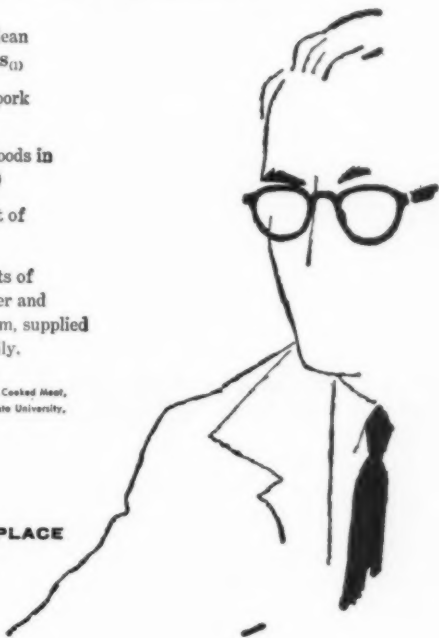
- the average serving of 100 gm. of lean pork provides a **modest 250 calories**⁽¹⁾
- compare the **fat-content** of lean pork with that of other lean meats.
- pork outranks other high-protein foods in its **contribution of thiamine (B₁)**
- pork provides an important amount of **other B vitamins**
- pork contributes significant amounts of the **essential minerals**, iron, copper and phosphorus, magnesium and potassium, supplied in a form that the body can use readily.

1. Leverton, R. M., and Odell, G. V.: The Nutritive Value of Cooked Meat, Oklahoma Agricultural Experiment Station, Oklahoma State University, Miscellaneous Publication MP-49, 1958.

PUT PORK IN ITS PROPER PLACE

... in the daily diet

... use to tempt jaded appetites



The nutritional statements made in this advertisement have been reviewed by the Council on Foods and Nutrition of the American Medical Association and found consistent with current authoritative medical opinion.

AMERICAN MEAT INSTITUTE

MAIN OFFICE, CHICAGO

MEMBERS THROUGHOUT THE NATION

MEDICAL ECONOMICS · JULY 4, 1960 **151**



on the spot coverage

A TOPICAL FUNGICIDE FOR TOPICAL FUNGOUS INFECTIONS

Athlete's foot is caused by fungi invading the horny, keratinized layers of the skin that are not reached by the normal blood supply. Desenex applied topically to superficial fungous infections brings the antifungal undecylenic acid and zinc undecylenate into direct contact with the fungi. Hundreds of thousands of cures in athlete's foot have resulted from topical treatment with Desenex — proved to be among the least irritating and best tolerated of all potent fungicidal agents. Pennies per treatment — Desenex Ointment may be applied liberally to both feet every night for a week and a half from a single tube.

ointment & powder & solution

Desenex[®] Maltbie

Maltbie Laboratories Division, Wallace & Tiernan Inc., Belleville 9, New Jersey

PHOTOGRAPH, COURTESY DEPARTMENT OF DERMATOLOGY, UNIVERSITY OF PENNSYLVANIA

PD-01

Are Hospital Specialists Really Dissatisfied?

Administrators don't think so, this survey of 200-odd hospitals indicates. Then why all the fussing and fuming? 'Blame the radiologists' and pathologists' societies,' say the administrators. Here's the picture as they see it

By Robert L. Brenner

Many radiologists and pathologists resent their financial arrangements with the hospitals they work for. Most such doctors crave an independence they don't have.

Spokesmen for both specialties have often made such statements. But are they based on fact? Is the typical hospital specialist really dissatisfied with his lot?

Not according to a cross-section of hospital administrators

recently polled by The Modern Hospital magazine. The magazine asked 204 administrators such questions as these: How much do your hospital's pathologist and radiologist earn? What's their financial set-up in the hospital? Do they want to have it changed?

The answers may not prove much about how the doctors themselves feel. But they prove, at least, that the administrators

Continued on page 156

m m m... Bremil[®]

LIQUID / POWDERED

matches mother's milk

...in total infant nutrition with a physiologically balanced, complete formula — for a clinically smoother course of formula feeding

Standard Dilution:

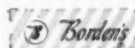
Liquid

1:1 with water, 13-fl.oz. tins.

Powdered

1 level measure

to 2 fl. oz. hot water, 1-lb. tins.



PHARMACEUTICAL DIVISION

350 Madison Avenue, New York 17, N.Y.



an easier "formula period" all around—with Bremil

The concept of "matching mother's milk" through the feeding of a physiologically well balanced formula can result in a clinically smoother course of formula feeding, one that eases care-demand on both mother and physician.

BREMIL promotes this *tranquil* growth in many ways. A characteristically "mother's milk" level of well utilized efficient protein encourages excellent growth but helps avoid excessive renal solute load, thus guarding against stress-induced

dehydration. A fatty acid pattern like mother's milk minimizes digestive upset and maintains skin integrity. Lactose, the sole carbohydrate, sustains normal intestinal flora and helps avoid perianal dermatitis.

Additionally, fortification with methionine often eliminates the problem of diaper rash. Hyperirritability is minimized by adjustment to a more nearly physiologic Ca:P ratio of 1½:1 (a ratio not available by any other liquid formula product). Finally, controlled multivitamin fortification adds both protection and convenience.

ADVERTISEMENT

Mull-Soy offers "a way back" for each case of milk sensitivity

More than a million babies with cow's milk sensitivity have been successfully fed with MULL-SOY, the flexible hypoallergenic formula base.

Since food allergy creates clinical problems requiring individualized management, the disadvantages of a "fixed" formula are apparent.

MULL-SOY, however, provides all the management flexibility of evaporated milk, and may be used in the same way.

Type and quantity of carbohydrate—and degree of dilution—can

be adjusted to the needs of each case. Yet MULL-SOY assures well tolerated protein for good growth, a fat content high in linoleic and the other important unsaturated fatty acids, and dependable relief from milk-allergy manifestations such as eczema, asthma, persistent rhinitis, hyperirritability, colic, diarrhea, vomiting (pylorospasm), and nasal stuffiness.

Other essential nutrients such as vitamins A, D, C, the B vitamins, and iron should be added to the diet at the physician's discretion.

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when cow's milk sensitivity disrupts infant feeding

Mull-Soy[®]

LIQUID / POWDERED



the flexible hypoallergenic soybean base with the documented tolerance potential...for sound, well tolerated nutrition suited to the needs of each case

Liquid—

15 1/2-fl.oz. tins;

Powdered—

1-lb. tins.



Borden's

PHARMACEUTICAL DIVISION, 350 Madison Avenue, New York 17, N. Y.

ARE HOSPITAL SPECIALISTS DISSATISFIED?

believe the doctors to be happy about the whole thing. Their consensus:

The vast majority of hospital specialists are apparently well satisfied with their financial set-up. Their incomes are so high that they can't help but be. Demands for more independence are coming chiefly from the specialty *societies*.

Here are some details from the magazine's report:

From the standpoint of earnings, the study reveals, "radiologists and pathologists [are] not

notably underprivileged. The average annual income of full-time radiologists at the reporting hospitals was \$30,860. At \$28,000, the pathologists were only half a Cadillac behind. In both the groups, individual incomes ranged as high as \$75,000."

What are the financial arrangements under which the specialists enjoy such incomes? "In radiology, the arrangement in the majority of [reporting] hospitals is for the specialist to receive a percentage of the income of his department," the report

even
"spacemen"
like
cherry-
flavored

VI-TYKE

LIQUID MULTIVITAMINS

LEDERLE LABORATORIES, a Division of
AMERICAN CYANAMID COMPANY,
Pearl River, New York

SYRUP—12 fl. oz. push-button can. Each 5 cc. teaspoonful contains: Vitamin A (Palmitate) 3,000 U.S.P. Units • Vitamin D 800 U.S.P. Units • Thiamine HCl (B₁) 1.5 mg. • Riboflavin (B₂) 1.5 mg. • Pyridoxine HCl (B₆) 1 mg. • Ascorbic Acid (C) 40 mg. • Vitamin B₁₂ 3 mcgm. • Niacinamide 10 mg. • Pantothenic Acid (as Panthenol) 1 mg. • Methylparaben 0.08% • Propylparaben 0.02%. Also available in concentrated form: **PEDIATRIC DROPS**—50 cc. bottle

asthmatic, yes...
invalid, no



AMESECTM provides continuous relief

Around-the-clock Amesec protection permits the asthma patient to enjoy even the more vigorous forms of activity. One Pulvule® three times a day and one Enseal® (timed disintegrating tablet, Lilly) at bed-

AmesecTM (amirprophylline compound, Lilly)

time usually give him a symptom-free day and a good night's sleep.

Each Pulvule or Enseal provides:

Aminophylline	130 mg.
Ephedrine Hydrochloride	25 mg.
Amytal® (amobarbital, Lilly) . .	25 mg.

ELI LILLY AND COMPANY • INDIANAPOLIS 6, INDIANA, U.S.A.

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5 cc.
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IN
VAGINITIS
94%
EFFECTIVE*

*Against the
WHOLE
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MILIBIS®
Vaginal
Suppositories

A clinical study including 510 patients with vaginitis of trichomonal, monilial or mixed bacterial (nongonococcus) origin showed that Milibis Vaginal Suppositories promptly stopped leukorrhea and promoted restoration of normal vaginal flora in 94% of the cases.

**Shanaphy, J.F.: New York Jour. Med., 55:1335, May 1, 1955.*

Milibis Vaginal Suppositories are well tolerated, easy to use (1 every other night), well accepted by patients.



Boxes of 10 with
plastic applicator.

Sanitary • Assures correct placement.

Winthrop LABORATORIES
NEW YORK 18, N. Y.

Milibis (brand of glycolbialsol), trademark reg. U.S. Pat. Off.

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HOSPITAL SPECIALISTS

says. It breaks down the findings in this area as follows:

¶ 59 per cent of the radiologists in the surveyed institutions get a percentage of their department's gross.

¶ 21 per cent get a percentage of their department's net.

¶ 11 per cent are salaried.

¶ 6 per cent are paid on a per-examination basis.

¶ 3 per cent lease the hospital's facilities.

"Pathologists are less independent," the report continues. "Twenty-six per cent of the group are on salary, and less than half enjoy a percentage." The breakdown of nonsalaried pathologists' arrangements with the reporting hospitals:

¶ 29 per cent are on a fee-per-examination basis.

¶ 26 per cent get a percentage of their department's gross.

¶ 17 per cent get a percentage of their department's net.

¶ 2 per cent lease the hospital's facilities.

"Hospitals and specialists both are generally satisfied with [these] arrangements," the magazine reports. "Only ten radiolo-

Continued on page 162

now —
control
 virtually
 all runaway
 diarrheas...
 promptly,
 effectively
 with



Donnagel[®]

—your choice of **3** formulations

Prompt, more dependable control of virtually all diarrheas can be achieved with an appropriate DONNAGEL formula, through adsorbent, demulcent, antispasmodic and sedative effects—plus paregoric or antibiotic supplementation, as required. Early re-establishment of normal bowel function is assured—for all ages, in all seasons.

DONNAGEL: In each 30 cc. (1 fl. oz.):

Kaolin (90 gr.).....	6.0 Gm.
Pectin (2 gr.).....	142.8 mg.
Hyoscyamine sulfate	0.1037 mg.
Atropine sulfate	0.0194 mg.
Hyoscine hydrobromide	0.0065 mg.
Phenobarbital (¼ gr.).....	16.2 mg.

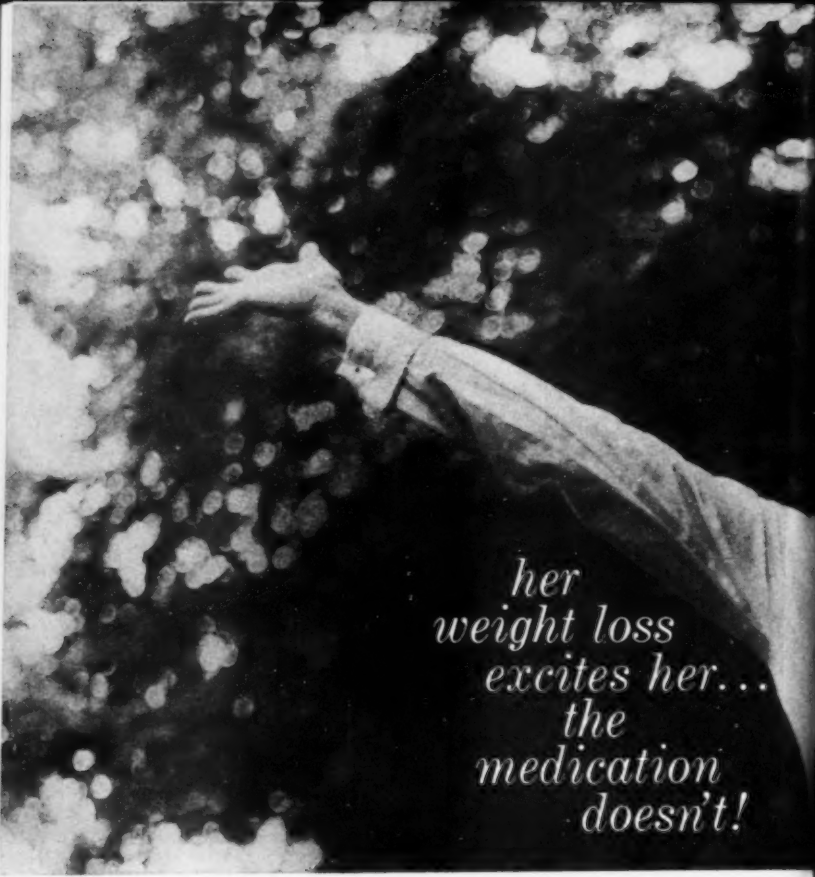
DONNAGEL-PG

Basic formula, plus	
Powdered opium, U.S.P.	24.0 mg.
(Equivalent to paregoric, 6 ml.)	

DONNAGEL WITH NEOMYCIN

Basic formula, plus	
Neomycin sulfate	300 mg.
(Equal to neomycin base, 210 mg.)	

A. H. ROBINS CO., INC., Richmond 20, Virginia • Ethical Pharmaceuticals of Merit since 1878



*her
weight loss
excites her...
the
medication
doesn't!*

Late evening dose doesn't interfere with sleep.

Since Tenuate is free of CNS stimulation, it can be given in mid-evening, when TV snacks run up a high calorie count. Doses given to control late evening snacks will not interfere with sleep.³

Tenuate cuts the urge to eat. So well, in fact, that weight loss on Tenuate averages over 1.5 lbs. a week (see chart)

Safe — Tenuate can be used even in overweight cardinals or hypertensives.

EKG studies substantiate Tenuate's

lack of appreciable CNS stimulation. No effect on heart rate, blood pressure, pulse or respiration is demonstrable.⁸ Thus Tenuate is particularly well suited for hypertensive and cardiac patients — those whose weight must come down.

PROOF OF WEIGHT LOSS³⁻⁴ In a series of 102 patients, the following weight losses were obtained:

Lbs./Week	Number of Patients	% Patients
0.1-0.9	23	22.54
1.0-1.9	51	50.00
2.0-2.9	25	24.52
3.0-4.0	3	2.94
	102 PATIENTS	100%

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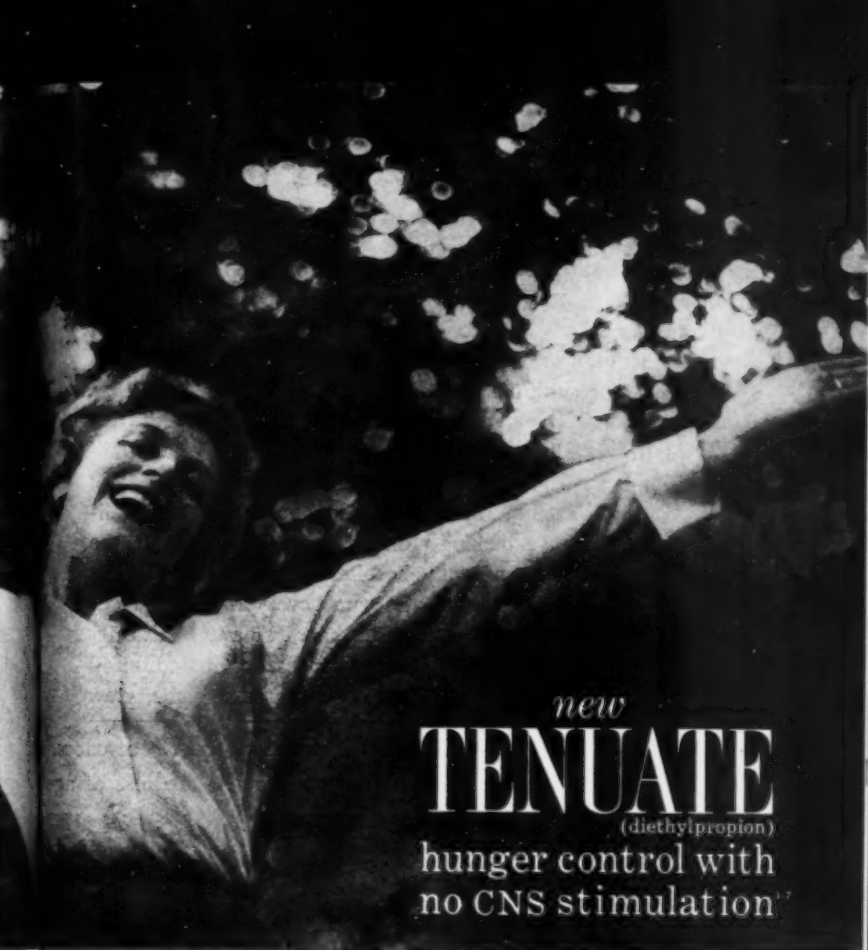
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new
TENUATE
(diethylpropion)
hunger control with
no CNS stimulation^{1,2}

Indications: The overweight patient, including adolescent, geriatric and gravid, as well as special risk situations—cardiac, hypertensive, diabetic.

Dosage: One 25 mg. tablet one hour before meals. To control nighttime hunger, an additional tablet taken in mid-evening will not induce insomnia.

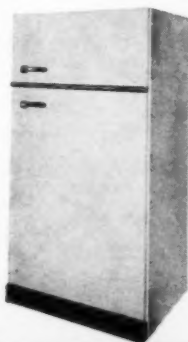
References: 1. Huels, G.: *Mich. Acad. Gen. Prac. Symposium*, Detroit, 1959. 2. Horwitz, S.: *personal communication*. 3. Spielman, A. D.: *Mich. Acad. Gen. Prac. Symposium*, Detroit, 1959. 4. Ravetz, E.: *Mich. Acad. Gen. Prac. Symposium*, Detroit, 1959. 5. Declina, J. J.: *Expt. Med. & Surg.* in press. 6. Scanlan, J. L.: in press. 7. Kroetz and Storck: *personal communication*. 8. Alfaro, R. D.; Gracianin, V., and Schleuter, E.: to be published.

TRADEMARK: 'TENUATE'



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thwarts refrigerator raiders



TENUATE
Especially
for late
evening
snackers.
Controls
hunger
without
producing
sleepless-
ness.

ARE HOSPITAL SPECIALISTS DISSATISFIED?

gists and eight pathologists were reported as 'dissatisfied,' and, as might be expected, these were mostly in the salary and percentage-of-net groups."

In at least one case, the specialist's dissatisfaction seems hardly justified. The Modern Hospital implies: "The pathologist at a 150-bed hospital in the Pacific Northwest . . . is making \$30,000 a year on 25 per cent of the net, but is pushing for an arrangement that would pay him 30 per cent of gross. According to the administrator, he claims

he is being 'exploited'—in a community where the annual income of surgeons is estimated at an average of \$18,000."

But "not all specialists feel exploited at \$30,000," the magazine comments. It quotes the following testimony from an Ohio administrator:

"When we opened, the radiologist started coming to the hospital twice a week. Then . . . he came every Monday, Wednesday, and Friday . . . His original compensation, based on 40 per cent of gross income, grew


GLUKOR effective in 85% of cases.¹

Glukor may be used regardless of age

↓

IMPOTENCE

↑



The original synergistically fortified chorionic gonadotropin. Dose 1 cc IM—Supplied 10 & 25 cc vials.

1. Gould, W. L.: *Impotence, M. Times* 84:302 Mar. '56.
2. Personal Communications from 110 Physicians.
3. Milhoan, A. W., *Tri-State Med. Jour.*, Apr. '58.

Reg. U.S. Pat. Off. Pat. Pend. © 1958

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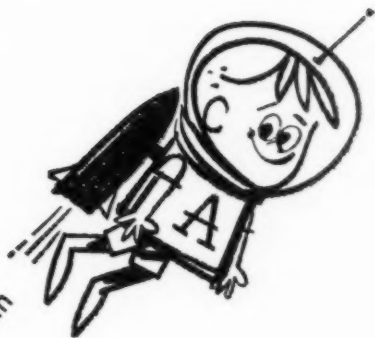
and/or pathology . . . without side effects . . . effective in men in IMPOTENCE, premature fatigue and aging.² **GLUTEST** for women in frigidity and fatigue.³

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Comb
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dioxide

serum salicylate soars
when MAALOX® is added to aspirin



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particularly suited for arthritic patients

Combining the antacid MAALOX® with aspirin increases both absorption and utilization of the salicylate. As a result, ASCRIPTIN acts twice as fast as plain aspirin and analgesic action lasts much longer due to maintenance of higher plasma salicylate levels.

Gastric irritation seldom occurs with ASCRIPTIN even when large doses are given over prolonged periods.

Of particular value in arthritis and rheumatic disease, ASCRIPTIN is an excellent salicylate for routine use.

Formula: Acetylsalicylic acid 0.30 Gm., MAALOX (magnesium-aluminum hydroxides) 0.15 Gm. Offered: Bottles of 100 and 500.



WILLIAM H. RORER, INC.

Philadelphia 44, Pa.

MEDICAL ECONOMICS · JULY 4, 1960 163

ARE HOSPITAL SPECIALISTS DISSATISFIED?

and grew. Finally he came to me and said that . . . he did not want to take so much from the hospital. He asked that everything over \$1,200 a month be put in an X-ray fund for equipment and materials needed by the department. Last December, we purchased a new mobile unit with \$5,000 taken from this fund."

If financial arrangements are as generally satisfying as the surveyed administrators say they are, how can friction arise between the physicians and their

hospitals? Because the doctors are "under pressure from their specialty societies to conform to organization-approved arrangements," according to many of the queried men. Says one administrator: "[Hospital specialists] have a fear of their associates in the specialty and feel that they must follow the dictates of the profession rather than something that seems to be reasonable to them personally."

Of the 204 administrators, sixty-six reported that they'd run

Continued on page 168



LEO MEDICAL ECONOMICS

"You'll need plenty of rest . . . so stay out of bed."

allergy-free
for
months.



with a one week course of daily injections

Anergex—1 ml. daily for 6-8 days—usually provides prompt relief that persists.

Anergex—a specially prepared botanical extract—is nonspecific in action; it suppresses allergic manifestations *regardless* of the offending allergens. It is not a histamine antagonist, nor does it merely minimize the effects of a single allergen.


Anergex eliminates skin testing, long drawn-out desensitization procedures, and special diets. It has been effective even in patients resistant to other therapy.

Reports on over 3,000 patients have shown that over 70% derived marked benefit or complete relief following a single short course of Anergex injections. Effective in seasonal and nonseasonal rhinitis (pollens, dust, dander, molds, foods); allergic asthma; asthmatic bronchitis and eczema in children; food sensitivities.

Available: Vials containing 8 ml.—one average treatment course. **WRITE FOR REPRINTS AND LITERATURE**

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more than 750 published clinical studies

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for relief of anxiety and tension

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- simple dosage schedule produces rapid, reliable tranquilization without unpredictable excitation
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400 mg.
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200 mg.
or as M
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for
the
tense
and
nervous
patient



Despite the introduction in recent years of "new and different" tranquilizers, Miltown continues, quietly and steadfastly, to gain in acceptance. Generically and under the various brand names by which it is distributed, meprobamate (Miltown) is prescribed by the medical profession more than any other tranquilizer in the world.

The reasons are not hard to find. Miltown is a *known* drug, evaluated in more than 750 published clinical reports. Its few side effects have been fully reported; there are no surprises in store for either the patient or the physician. It can be relied upon to calm anxiety and tension quickly and predictably.

Usual dosage: One or two
400 mg. tablets t.i.d.
Supplied: 400 mg. scored tablets,
200 mg. sugar-coated tablets;
or as MEPROTABS®—400 mg.
unmarked, coated tablets.

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ARE HOSPITAL SPECIALISTS DISSATISFIED?

into "pressure from outside organizations seeking to change the hospital-specialist arrangement." And all but two of these said that pressure came from "local, state, or national specialty societies."

Pressure Points

In most such cases, the "pressure" apparently consisted of a request "simply to put the specialist's name on the hospital bill—a formality most hospitals [are] accomplishing by means of rubber stamps." But "in a few cases, hospitals reported pressure for a switch from salary to percentage-of-gross. And one hospital reported a demand from a local radiology group for the radiologist to be given fee-for-service privileges, like the surgeons."

Most administrators do not seem to mind putting specialists' names on hospital bills. But this procedure can sometimes cause trouble: "In one hospital . . . the administrator reported that other members of the medical staff objected to having the radiologist's name on the hospital

billhead. A consulting cardiologist . . . was pressing to have *his* name added, and other members of the staff were asking: 'Where will this stop? Isn't it advertising?'"

And when it's a question of *major* changes in their arrangements with the specialists, the administrators are reluctant to give ground. "Only fifteen hospitals, or 7 per cent of the [reporting] group, had made substantive changes in specialists' contracts during the last two years," the study found. "In two of these hospitals, specialists were switched from salaries to percentage arrangements. In eleven hospitals, the specialists . . . got more money. In the remaining two hospitals where changes were made . . . [the specialists'] percentages were cut."

Are Ethics Involved?

What about the specialty societies' claim that the issue of doctors' contracts with hospitals is an ethical one? On this point, says the magazine, "administrators are unanimous: They do not

Continued on page 172

Journal

THE PAPER

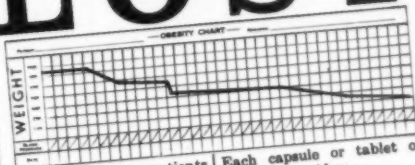
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3. Supportive medication—

Each capsule or tablet of Obedrin provides:

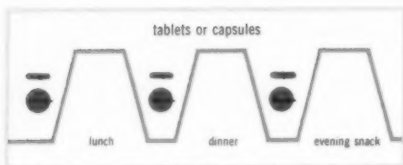
- Semoxydrine® HCl (methamphetamine HCl), 5 mg., for its anorexigenic and mood-lifting effects.
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and the 60-10-70 Basic Plan
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A FLEXIBLE DOSAGE FORM PROVIDES DEPENDABLE CONTROL OF APPETITE



The Obedrin formula permits a flexible dosage schedule to depress the appetite at peak hunger periods. The physician can adjust dosage to fit each patient's need.

ADVANTAGES OF OBEDRIN—

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Write for 60-10-70 Basic Plan menus and weight charts.

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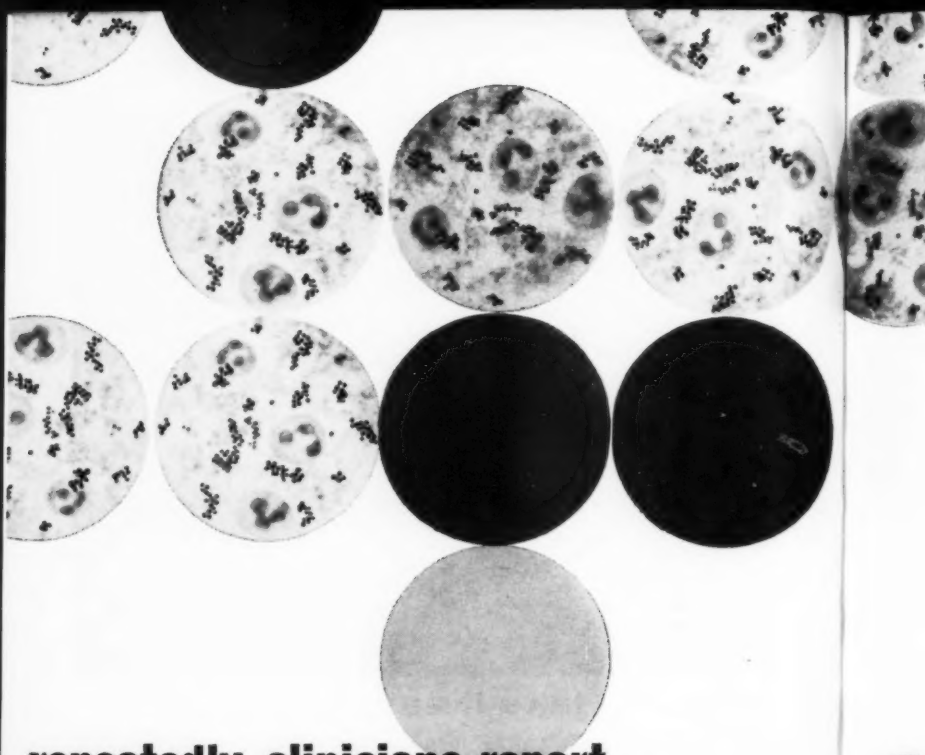
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repeatedly, clinicians report... effective results against staphylococci

"Chloramphenicol (CHLOROMYCETIN) was the only widely used antibiotic to which few of the strains were resistant."¹

"Emergence of staphylococci resistant to chloramphenicol has rarely occurred since the development of this drug, except in an occasional clinic where it has had wide use in a closed population."²

"Chloramphenicol (CHLOROMYCETIN) has been an effective agent in the treatment of staphylococcal infections."³

"The antibiotic of choice in this series was chloramphenicol."⁴

CHLOROMYCETIN (chloramphenicol, Parke-Davis) is available in various forms, including Kapsels® of 250 mg., in bottles of 16 and 100.

CHLOROMYCETIN is a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

References: (1) Finland, M.; Jones, W. E., Jr., & Bennett, I. L., Jr.: *Arch. Int. Med.* 104:365, 1959. (2) Welch, H., in Welch, H., & Finland, M.: *Antibiotic Therapy for Staphylococcal Diseases*, New York, Medical Encyclopedia, Inc., 1959, p. 16. (3) Nichols, D. R., & Martin, W. J.: *Surg. Gynec. & Obst.* 107:523, 1958. (4) Knight, I. C. S., & Nolan, B.: *Brit. M. J.* 1:1224, 1959.

PARKE, DAVIS & COMPANY • DETROIT 32, MICHIGAN

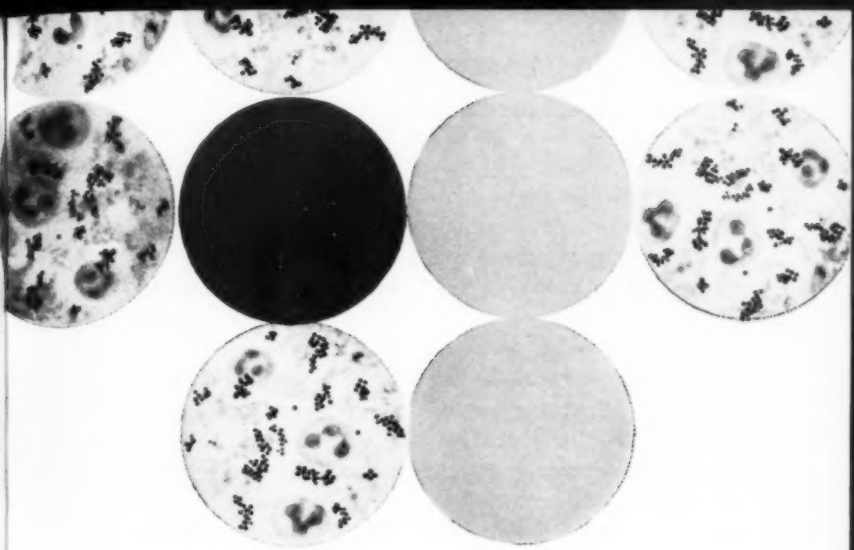
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Staphylococcus puerperae

*Adapted

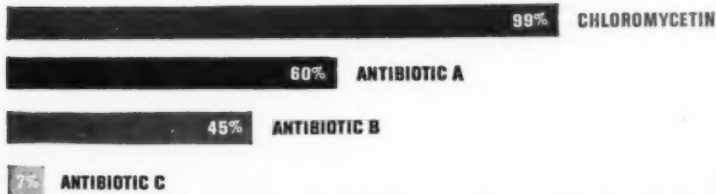
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CHLOROMYCETIN®

(chloramphenicol, Parke-Davis)

IN VITRO SENSITIVITY OF STAPHYLOCOCCUS AUREUS TO CHLOROMYCETIN AND TO THREE OTHER ANTIBIOTICS*



Staphylococcus aureus, coagulase-positive, was isolated in pure culture from 99 of 100 consecutive cases of puerperal breast abscess requiring surgical treatment.

Adapted from Knight & Nolan

ARE HOSPITAL SPECIALISTS DISSATISFIED?

concede the existence of any ethical question in the specialist's relationship with the hospital. This position was stated over and over again in comments added to the questionnaires."

The issue is one of "pure economics, and not ethics, as the proponents of change would have us believe," a typical administrator is quoted as having said. According to another, "the question of compensation has nothing to do with medical ethics, but if doctors [insist] it

does, let's call it 'ethnomics.'"

Finally, here's how The Modern Hospital sums up the administrators' attitude toward their relations with hospital specialists: "For the most part . . . hospital administrators represented in this survey see no insurmountable problems involved in getting along with their radiologists and pathologists. The problems . . . are in the specialists' societies, which many administrators view as formidable obstacles to good hospital-doctor relations." END

The diplomat

The chief attending man was equally noted for terrible temper and intolerance of certain new methods of treatment. Unfortunately, one junior interne hadn't heard of this. When the chief reprimanded him at a staff meeting for the way he'd handled a case, the new interne was outraged. "Sir," he said hotly, "I'm *amazed* that you'd make such a criticism!"

There was a shocked silence. The strangled look of the chief warned of an imminent explosion. In an effort to save the situation, the senior medical resident leaped to his feet. "Sir," he cried, "my impetuous young colleague has much to learn. I can assure him that with a little experience he'll never be amazed at *anything* you say!"

—ERIC WINDHAGER, M.D.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS pays \$25 to \$40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.

First emphasis is on
PAIN RELIEF

in sprains, strains, arthritis, rheumatism

not only *relieves pain* but also *relaxes taut muscles*

SAFE POTENT FAST

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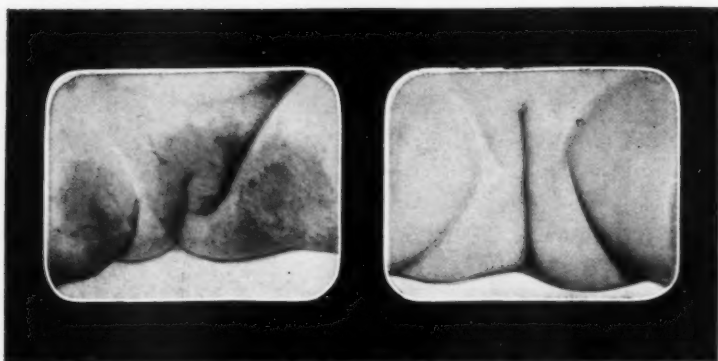
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Before application of White's Vitamin A & D Ointment—Typical diaper rash with excoriation of skin.

After application of White's Vitamin A & D Ointment at every diaper change—Diaper rash has completely disappeared within one week.

Heal and Prevent Diaper Rash with White's Vitamin A & D Ointment

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also beneficial for— Pressure Sores, Varicose and Chronic Ulcers; Nipple Care (fissured nipple); Episiotomy and Circumcision Wounds; Eczema, Detergent Dermatitis; Minor Burns and Wounds and Skin Abrasions.

Supplied in 1½ and 4 oz. tubes; 1 lb. "nursery" jars and 5 lb. "ward" containers.

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KENILWORTH, N.J.

By Lois R. Chevalier

What to Do When Your Patient Wants Federal Disability Benefits



"I don't understand it, Doctor . . ."

Dr. Wilson turned away from the X-ray viewer to look at his patient. "What are you talking about, Joe?" he asked.

"My disability claim. They've turned it down. Why did you tell me I was disabled and couldn't go back to work, and then tell them something else?"

"I told them just what I told you, Joe."

"Then why didn't they give me my disability?"

That's the opening sequence

in a new motion picture that was given its first showing at the A.M.A. meeting last month. The Bureau of Old-Age and Survivors Insurance of the Social Security Administration, with the cooperation of the A.M.A., has produced the movie in an attempt to answer some of the questions that have been troubling doctors who are concerned with the Government's disability-benefits program.

If Dr. Wilson's unhappy patient sounds like some of your own, you may be interested in

FEDERAL DISABILITY BENEFITS

knowing how that case came out—without waiting for the movie to be shown by your hospital or county society. Here's the rest of the sequence:

Dr. Wilson gets off a hot letter to the Social Security people. It winds up like this: "... and furthermore, in turning down my patient's claim, you imply that I don't know what I'm talking about when I say he's disabled. I resent this. I say it's inconceivable that this man could go back to his job."

What Is Disability?

But the doctor then learns something about the O.A.S.I.'s definition of "disability": It means the inability to do *any* substantial work. In contrast to the terms of the usual private disability insurance policy, it does *not* mean the inability to continue with one's previous employment. Joe, who has a permanently stiff knee, then manages to find a bench job. "It beats crawling under houses like I used to do," he says.

So he gets no Social Security payments. And Dr. Wilson pru-


dently decides to confine future reports to clinical findings. He realizes that he'll have fewer disgruntled patients if he leaves disability determination to the official reviewing board.

The moral of the story: The examining doctor should never commit himself on the outcome of a patient's claim. When he limits his report to the medical findings—and tells the patient so—he avoids possible blame for an unfavorable decision.

But "medical findings" is a broad term. The new film makes it clear that the findings should include just about everything *except* the physician's estimate of whether or not the patient qualifies for disability payments.

What to Cover

Evidently, the reviewing boards want to know as much as possible about the impairment—the ways in which all the patient's capacities differ from his previous norm. As the film's narrator says, "Often a doctor concentrates on diagnosis and therapy in his report. This information is necessary. But the evaluation



contains
everything
most
coughers
need...


Each 5 cc. (1 teaspoonful) contains:

DIMETANE—
(Parabromdylamine Maleate, 2.0 mg.)
the antihistamine
most likely to succeed

two highly approved decongestants
Phenylephrine HCl (5.0 mg.) and
Phenylpropanolamine HCl (5.0 mg.)

Glyceryl Guaiacolate
(100.0 mg.)
the expectorant
that works best—
increases respiratory
tract fluid almost 200%

**IN DIMETANE
EXPECTORANT-DC**
—added dihydrocodeinone
1.8 mg./5 cc.
when additional
cough suppressant
action is needed

for less frequent, more productive cough
DIMETANE® EXPECTORANT 
DIMETANE® EXPECTORANT-DC

A. H. ROBINS CO., INC., RICHMOND 20, VIRGINIA

FEDERAL DISABILITY BENEFITS

team also needs to know the details of the person's functional limitations."

For instance, there's a scene showing two members of an evaluating team in the act of reviewing a claim. Says one of them: "The medical report certainly upholds the diagnosis of hypertensive vascular disease with hemiplegia. But the right arm and leg seem to have responded well to treatment, and the present impairment is slight. The vascular condition seems under control."

Does He Qualify?

"Let's see," says the other team man. "Warren Markham [the patient] is a barber, 55 years old. Even though his impairment is slight, he probably can't go back to barbering."

"But can we say he has no remaining capacity for work?"

"There's certainly nothing here that would indicate that," the second evaluator replies.

The first man agrees. "I'm afraid there's nothing we can do but turn down the claim," he says.

But again there's more to the story. As it unfolds, it becomes clear that Warren Markham, ex-barber, really does qualify for Federal disability payments. Here's how the action drives home this point:

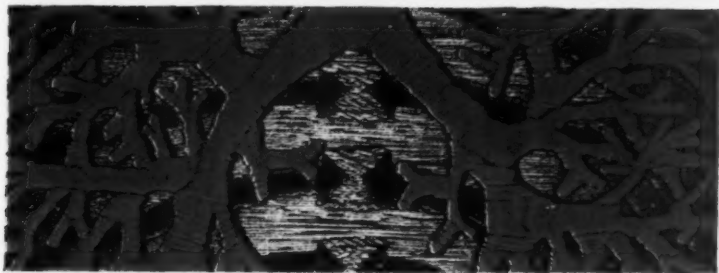
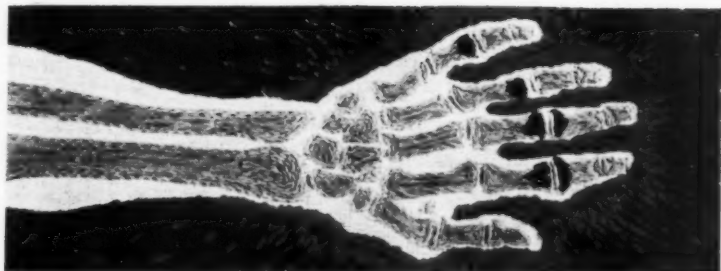
All the Facts Not In

While his physician, Dr. Keel, is checking his hemiplegic gait and his manual dexterity, Markham tries to explain that his Social Security claim has been turned down. But he has an obvious speech impairment as a result of his illness. He speaks so incoherently that Dr. Keel has to appeal to Mrs. Markham for a clear account of what has happened.

Clearly, then, this patient would have a hard time holding down any job. But the Social Security people weren't given some of the information they'd need in order to realize that fact.

Moral this time: The delay and the extra correspondence could have been avoided if Dr. Keel had thought about the case in the round. He'd been treating the man only for arm and leg im-

a promise fulfilled



All corticosteroids provide symptomatic control in rheumatoid arthritis, inflammatory dermatoses, and bronchial asthma. They *differ* in the frequency and severity of side effects. Introduced in 1958, ARISTOCORT Triamcinolone bore the promise of high efficacy and relative safety. Physicians today recognize that the promise has been fulfilled... as evidenced by the high rate of refilled ARISTOCORT prescriptions.

Aristocort[®]

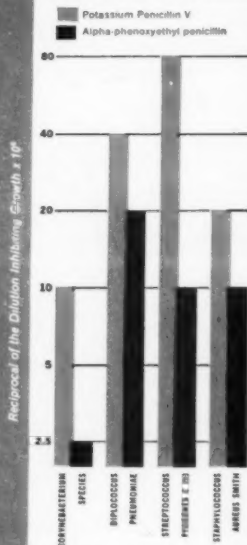
Triamcinolone LEDERLE



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Against four common disease-producing organisms, penicillin V gives two to eight times more antibacterial activity than synthetic penicillin¹.

against common
penicillin-sensitive
organisms



COMPOCILLIN-VK[®]

Potassium Penicillin V

gives greater
antibacterial activity than
synthetic penicillin¹

gives (in the blood)
antibacterial activity that is
unsurpassed by any other
oral penicillin^{2,3}

In two sizes, 125 mg. (200,000 units) and 250 mg. (400,000 units). Usual adult dose is 125 mg. or 250 mg. t.i.d. Also comes in Granules for Oral Solution, each 5-cc. teaspoonful of solution represents 125 mg. (200,000 units) of potassium penicillin V.

1. Unpublished Data, Records of Microbiology Department, Abbott Laboratories.

2. Griffith, R. S., Comparison of Antibiotic Activity in Sera after the Administration of Three Different Penicillins, *Antibiot. Med. & Clinical Therapy*, 7:2, Feb., 1960.

3. McCarthy, C. G., Hirsch, H. A., and Finland, M., Serum Levels after Single Oral Doses of 6-(a-Phenoxypropionamido) Penicillanate and Penicillin V, (25450), *Proc. Soc. Exper. Biol. Med.*, 103:177, Jan., 1960.



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FEDERAL DISABILITY BENEFITS

pairment; and the speech problem was being treated by a speech therapist. So the facts about the mental and verbal impairment weren't prominent in Dr. Keel's records. And when he filled out the O.A.S.I. form from his office records, he neglected to mention anything except his own treatment and prognosis.

In short, the main point of the movie is this:

Don't decide whether or not your patient is totally disabled and should receive a pension. Let the Government do that. But *do* give the Government a complete word picture of the patient, so that a fair and intelligent decision can be based on all the facts.

Over a million and a half disability determinations have been made in the five years since the

program started. Most decisions have been reached with a minimum of red tape, according to O.A.S.I. officials. There have been delays, especially in the early days, when the first flood of applications poured in. But delays are often preventable now, if doctors understand what the process is.

That's why both the Social Security Administration and the A.M.A. are plugging "The Disability Decision," as the new movie is called. Would you and your local colleagues like to see it? If so, get in touch with the Social Security district office in your community. They'll arrange for a showing of the film, and they'll also send along a Government doctor to answer questions after the movie.

END

Going too far

I recently received a note of gratitude from a young woman patient on whom I'd performed multiple orthopedic surgeries. "I shall always recommend you to all my friends and to everyone I meet as the best optometrist *anywhere*," she wrote.

—JOSEPH A. GOSMAN, M.D.

Compazine[®] for prompt relief

brand of prochlorperazine

in cardiac patients

'Compazine' reduces the impact of emotional stress—relieves fear and apprehension. Also, many "heart worriers" on 'Compazine' no longer experience cardiac pains or palpitations; and, with emotional tension dispelled, hypertensive patients often show a lowering of blood pressure.

in senile patients

'Compazine' alleviates feelings of isolation, confusion and forgetfulness. Furthermore, 'Compazine' is remarkably free from drowsiness and depressing effect. Its use often results in renewed interest in life and living.



SMITH
KLINE &
FRENCH

f of emotional stress

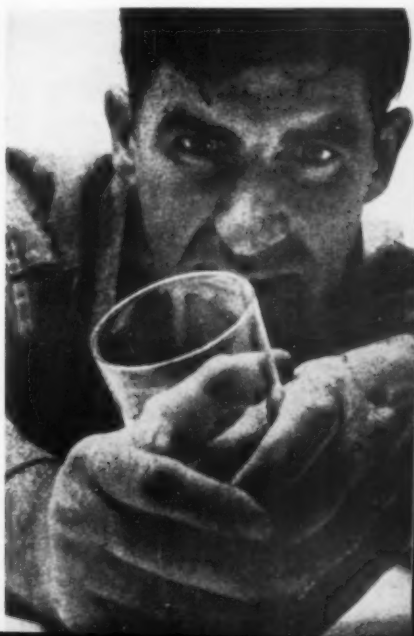
in G.I. tension states

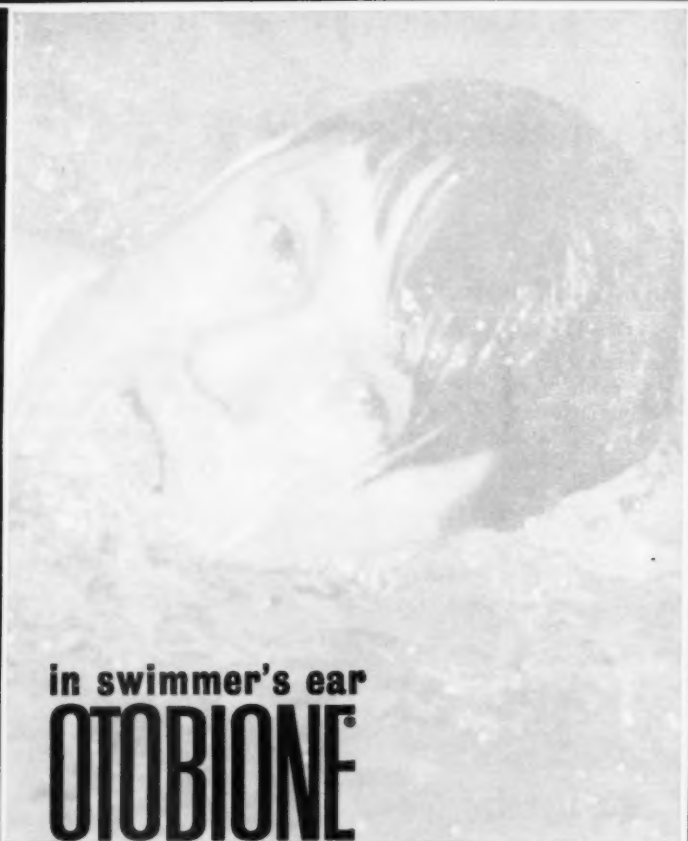
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'Compazine' relieves the emotional stresses that are so frequently causative or aggravating factors in G.I. disturbances. Furthermore, 'Compazine' promptly controls nausea and vomiting, which is often a problem with these patients.

in chronic alcoholics

'Compazine' reduces the urge to drink by controlling the anxieties and frustrations from which patients seek escape in alcohol. Patients become more amenable to advice and counselling, and 'Compazine' therapy may be continued with remarkable safety . . . for months, if necessary.





in swimmer's ear
OTOBIONE

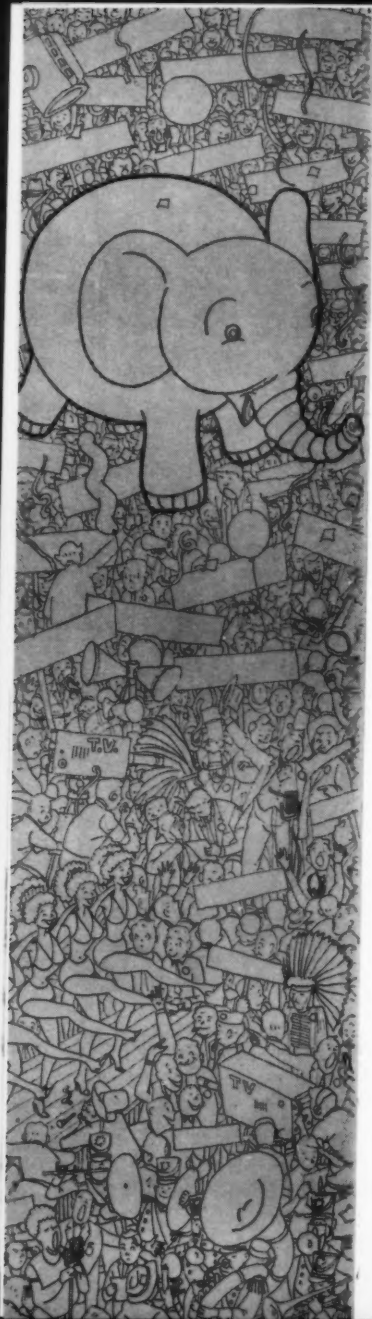
♦ A buffered solution with pH adjusted to conform to the slightly acid condition of the normal skin in the external ear canal. ♦ Sterile ear solution . . . with a specially wrapped sterile dropper. ♦ Does not obscure anatomic landmarks during otoscopy. ♦ Virtually nonsensitizing and nonirritating. ♦ Each cc. of OTOBIONE contains: **anti-inflammatory** prednisolone acetate, 5 mg., **anti-bacterial** neomycin (from sulfate) 3.5 mg., and **anti-fungal** sodium propionate 50 mg. Supplied: In 5 cc. bottles.

White

WHITE LABORATORIES, INC., KENILWORTH, N. J.

MEDICAL ECONOMICS *Book Feature*

In this department, MEDICAL ECONOMICS presents book condensations of a type never available before. Only books of a thought-provoking, nonmedical kind are condensed. But the condensing is directed by editorially experienced physicians. Readers thus get a medical man's view of the best in nonmedical contemporary thought. Among the hard-hitting best-sellers that informed people are reading and talking about this month is Robert Bendiner's "White House Fever." A selection from this book starts on the next page. The editors take pleasure in bringing it to you as another of the MEDICAL ECONOMICS Book Features.



What a Way to Pick a President!

*Selected from the best-selling
book "White House Fever"**

By Robert Bendiner

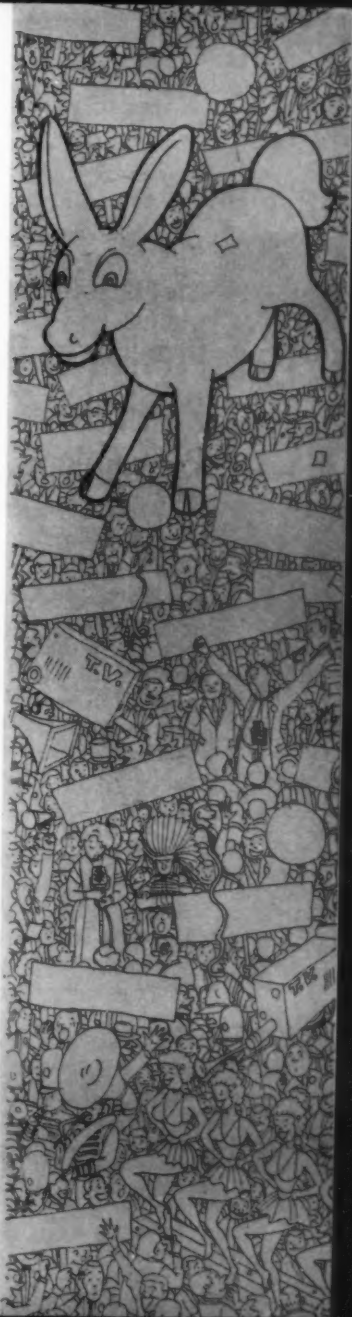
*Copyright © 1960 by Robert Bendiner. Used
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and Company, Inc.

Somewhere, scattered over fifty states and several territories, are 1,300 Democrats, more or less, who will pick their party's next Presidential nominee, and roughly the same number of Republicans who will perform a like service for their party.

All that the serious candidate has to do is track down these rare creatures well in advance, lasso as many of them as he can, ward off rustlers as he drives them to the nominating convention, and keep them safely penned in his corral during the roll-call. Yet only seven men have recently been talked about as serious candidates, with possibly another half-dozen names occasionally cropping up in erudite circles.

When all that the Constitution requires of a would-be President is that he or she be a natural-born citizen of 35 who has spent fourteen years in the country, how did the field get winnowed so quickly?

Most political dopesters would have said until this very year—and some still do—that to have a fair chance a Presi-



Preview of the Political Conventions



On July 11, Democratic delegates convene in Los Angeles. On July 25, the Republicans convene in Chicago. The next President of the United States will be nominated at one of these conventions. But already the field has been narrowed to no more than seven serious candidates, and the narrowing process goes on without reference to the electorate. Who are the President-makers? How do they operate? Robert Bendiner is a good man to answer these questions. He has survived and reported on seven nominating conventions. His current best-seller, "White House Fever," offers this prognosis:

"If the proceedings are often giddy and the techniques of campaigning past praying for, they nevertheless add up to a system that wears well, affords periodic relief from pressures that might otherwise become explosive, and fulfills its purpose."

Among the Presidents this system has provided us, he estimates that first-raters outnumber the duds by twenty to fourteen, a ratio he's willing to stack up against the choice of leadership by the British, French, Germans, Russians, and Tibetans. But what about this time? Will we get first-raters or duds? You'll be better able to answer after reading his description of our democratic processes, as condensed here.

dential candidate should be a Protestant, of North European descent, preferably in his 50s, with an attractive wife and photogenic children. He should be Governor of a big Northern state. He should not be offensively wealthy.

We are obviously about to see a major alteration in the make-up of the ideal candidate. John Kennedy, Stuart Symington, Hubert Humphrey, and Lyndon Johnson are all Senators instead of Governors, though in the whole history of the country only Harding went directly from the Senate to the White House. Of these four, moreover, all but Humphrey are millionaires, and for additional handicaps, Kennedy is a Catholic and Johnson a Southerner. Adlai Stevenson, another man of considerable wealth, carries the albatross of two Presidential defeats.

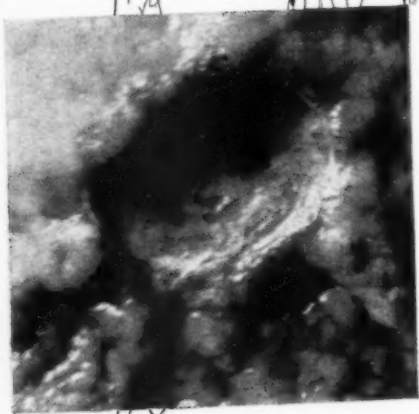
On the Republican side, the choice of Richard Nixon would fly in the face of a taboo venerated since Van Buren's day—that only fate ever elevates a Vice President to the Presidency. And as for Nelson Rockefeller, even a generation ago the name would have barred him.

Three Ways to Run

Whoever the Presidential hopeful is, his strategies for rounding up delegates to the convention will depend on which of several types of candidate he decides to be. The three principal species are these:

The Front-Runner: This type normally has the best chance. In his view, he deserves it, because he has had to work the hardest and spend the most money. His aim is to take the nomination by storm, arriving at the convention with so close to a majority of delegates that others will stampede to his corral in order to claim credit, and possibly reward, for having put him across as the winner.

Continued on page 192



for
your
peptic ulcer
patients . . . ba



A Century of Service to Medicine

TABLETS

SUSPENSION

ALUDROX[®]

Aluminum Hydroxide Gel with Magnesium Hydroxide, Wyeth

SIMPLE ACIDITY CONTROL

The crux of drug therapy in peptic ulcer is control of gastric acidity. ALUDROX provides physiologic neutralization in the range of pH 3 to 5—pepsin is inactivated.

The 4:1 combination of aluminum hydroxide and magnesium hydroxide in ALUDROX is time-proved. ALUDROX relieves pain, promotes healing with no fear of gastrin stimulation or induced constipation. With ALUDROX there is no complication of existing constipation.

Added to the other elements in the regimen you have selected, ALUDROX can facilitate management of peptic ulcer.

Wyeth Laboratories Philadelphia 1, Pa.

ts . . . basic or comprehensive drug therapy

ALUDROX[®] SA

Suspension and Tablets: Aluminum Hydroxide Gel with Magnesium Hydroxide, Ambutonium Bromide and Butabarbital, Wyeth

FUNDAMENTAL ACIDITY CONTROL...PLUS

When your patient requires more than simple acidity control, ALUDROX SA is a drug of choice. ALUDROX SA provides control of acidity and calms emotional distress, promotes healing, inhibits gastric mobility and relieves pain. It provides these benefits because it is antacid, pepsin-inhibiting, anticholinergic, demulcent, and anticonstipant.

The use of this single comprehensive formula rather than separate agents is more convenient for both patient and physician.

For further information on prescribing and administering ALUDROX SA and ALUDROX see descriptive literature, available on request.

Wyeth Laboratories Philadelphia 1, Pa.

WHAT A WAY TO PICK A PRESIDENT!

The Willing Compromise: Where there are two Front-Runners, there are certain also to be several candidates of this second species. The Willing Compromise knows that if the Front-Runners find themselves blocked by each other

Continued on page 196

Does Campaigning Really Count?

The pollsters went too far, of course, when George Gallup wrote, "In a very real sense, Presidential campaigns are over before they begin." They are only 90 per cent over.

As soon as the convention halls have been swept out, the minds of some 60 to 70 per cent of the electorate are made up, and they are not to be changed by speeches, slogans, whistle stops, television, or the flattering picture of the opposing candidate on a sugar-lump wrapper.

Another 20 to 30 per cent go into the campaign in a state of mild doubt, at least flirting with the idea of moving over to the opposition. But, eased along by friends, family, colleagues, and the pull of habit, they are overwhelmingly to be found in their customary political haunts well before the end of October.

This leaves about 10 per cent who are serious waverers and, as such, responsive to the pressures of the campaign. Since this minority is almost certain to be smaller than the winner's margin in the popular vote, why spend all the time, money, and energy that an active campaign costs?

A candidate's big objective in campaigning, the absolute condition for his success, is simply to get those who are already for him, more or less, to turn out on Election Day and vote for him. The extraordinary fact is that in this politics-conscious country at least a third—and sometimes very close to a half—of those who are eligible to vote fail to show up at the polls even in a Presidential year.—*From "White House Fever"*

in
constipation **UNCLOGGING
THE
DRAIN
IS ONLY HALF
THE JOB!**



Just as important as relief, *revitalization* of the weakened gut musculature is necessary — for its return to normal motility and function.

MODANE will "unclog the drain" — gently, overnight, without griping. Modane's danthron acts systemically on the large bowel — is non-habit-forming, non-toxic.

and, equally important!...

MODANE offers aid to bowel revitalization through *pantothenic acid* which encourages restoration of peristaltic efficiency — has been proven indispensable to acetylcholine formation and normal bowel function.

MODANE is available in three forms — Tablets, Tablets Mild (half strength) and Liquid. Average Adult Dose — one tablet, or one teaspoonful or fraction thereof, with the evening meal.

THE WARREN-TEED PRODUCTS COMPANY
COLUMBUS 15, OHIO

Dallas

Chattanooga

Los Angeles

Portland



MEDICAL ECONOMICS • JULY 4, 1960 193

now—for
more comprehensive
control of
'pain & spasm'



INDICATIONS

HEAD: temporomandibular muscle spasm • **NECK:** acute torticollis, osteoarthritis of cervical spine with spasm of cervical muscles, whiplash injury • **TRUNK AND CHEST:** costochondritis, intercostal myositis, xiphodynia • **BACK:** acute and chronic lumbar strains and sprains, acute low back pain (unspecified), acute lumbar arthritis and traumatic injury, compression fracture, herniated intervertebral disc, post-disk syndrome, strained muscle(s) • **EXTREMITIES:** acute hip injury with muscle spasm, ankle sprain, arthritis (as of foot or knee), blow to shin followed by muscle spasm, bursitis, spasm or strain of muscle or muscle group, old fracture with recurrent spasm, Pellegrini-Stieda disease, tenosynovitis with associated pain and spasm.

or
e
of

*-pain due to
or associated with
-spasm of skeletal muscle*
a new muscle relaxant-analgesic

Robaxinal[®]

ROBAXIN[®] WITH ASPIRIN

Many conditions, painful in themselves, often give rise to spasm of skeletal muscles. ROBAXINAL, the new dual-acting muscle relaxant-analgesic, treats both the pain and the spasm with marked success: In clinical studies on 311 patients, 12 investigators¹ reported satisfactory results in 86.5%. Each ROBAXINAL Tablet contains:

- A relaxant component — Robaxin[®] — widely recognized for its prompt, long-lasting relief of painful skeletal muscle spasm, with unusual freedom from undesired side effects. 400 mg.
- An analgesic component — aspirin — whose pain-relieving effect is markedly enhanced by Robaxin, and which has added value as an anti-inflammatory and anti-rheumatic agent. . . . (5 gr.) 325 mg.

¹Manufactured Robaxin U.S. Pat. No. 2779649

INDICATIONS: ROBAXINAL is indicated when analgesic as well as relaxant action is desired in the treatment of skeletal muscle spasm and severe consecutive pain. Typical conditions are disorders of the back, whiplash and other traumatic lesions, myositis, and pain and spasm associated with arthritis.

SUPPLY: ROBAXINAL Tablets (pink-and-white, imprinted) in bottles of 100 and 500.

Also available: ROBAXIN Injectable, 1.0 Gm. in 10-cc. ampul; ROBAXIN Tablets, 0.5 Gm. (white, scored) in bottles of 50 and 500.

¹Quoted sources to Gen. A. H. Robins Co., Inc.: Spurr, J. Allen, Medicine, Wisc.; B. Wilson, New York; H. Y. B. Dicker, Richmond, Va.; H. H. Gorman, Jr., New York; H. Y. J. E. Haskins, Baltimore, Md.; J. E. Haskins, New York; H. Y. H. Haskins, Baltimore, Md.; H. H. Haskins, Baltimore, Md.; A. Haskins, Los Angeles, Cal.; R. Haskins, Houston, Tex.; E. H. Haskins, Houston, Tex.



All listed trademarks available upon request.

A. H. ROBINS CO., INC., Richmond 20, Virginia

Making today's medicines with integrity . . . making tomorrow's with persistence

WHAT A WAY TO PICK A PRESIDENT!

from getting the necessary majority at the convention, they are likely to turn bitter and throw their strength to a third man, maybe himself, rather than yield to each other. With this happy end in mind, the Compromise naturally conducts a quiet, nonaggressive campaign designed to give himself friendly second-choice commitments from those who are pledged to the Front-Runners.

The Lightning-Inviter: This variety of candidate has the Presidential bug as much as any other. But, assessing the situation, he feels that he has too little chance to warrant an overt campaign for the nomination. His only hope is that if a deadlock occurs in the convention and if the Willing Compromises are not appealing, the lightning just might strike him.

The Lightning-Inviter and the Draft-Coaxer, a species so rare that it need not be discussed here, obviously do not concern themselves about lining up delegates in advance. The others concern themselves with little else.

Who Picks the Delegates?

The Front-Runner starts out knowing for certain only that he will have the votes of his own state's delegation. With forty-nine other states to choose from, he naturally wants to concentrate his efforts where the hunting is best.

Remember that until the nomination no candidate has party money at his disposal. He has barely begun to scrape together a war chest from the donations of his friends, relatives, and a few financial angels who see themselves as future ambassadors to London and Paris, or at least Tegucigalpa. With his top tacticians, then, he pores over a map especially prepared to show the way each state's delegates to a Presidential convention manage to get there.

Continued on page 200

Despite
menopausal
anxiety
and
tension

• *she's in tune
with the world*

• *in command
of herself*

BUTISOL sodium*

butabarbital sodium

BUTISOL, with its gentle sedative action, helps greatly in maintaining functional balance during the trying months of the menopause.

In a five-year study of representative sedative and ataractic agents, only Butisol controlled "both daytime and nighttime symptoms of anxiety... without recourse to additional therapy."*

"Cumulative untoward reactions, such as excessive daytime drowsiness, dizziness, mental sluggishness and memory disturbance" occurred with most of the drugs tested, but not with 15 mg. Butisol.*

TABLETS • REPEAT-ACTION TABLETS • ELIXIR • CAPSULES

McNEIL

McNEIL LABORATORIES, INC., Philadelphia 32, Pa.

Goldman, R. G., Grossman, A. J., Loffer, P., and Meurosoff, G. J. Clinical Re-evaluation of Daytime Sedatives, Postgrad. Med. 39:502 (Oct.) 1965.

Griseofulvin dosage guide

a ready reference guide for systemic control of superficial mycotic infections

for your convenient reference

Griseofulvin *Ayerst*[®]

No. 670 — Tablets of 250 mg. (scored),
bottles of 30 and 100.

And the NEW high-potency strength
for greater flexibility and simplicity of
dosage:

No. 3441 — Tablets of 500 mg. (scored),
bottles of 50.

for oral therapy of superficial mycoses
prescribe Griseofulvin Ayerst

Griseofulvin Dosage Guide contains a
simple and complete tabulation of the
dosage recommendations found clinically
effective in specific fungus infections.
Includes characteristic symptomatology
and suggested adjunctive measures.

XUM

2 practical aids for physicians prescribing griseofulvin

how to get the full benefit of your treatment for

**fungus
infections**

for your patients

Mail this coupon today for your free supply. ►

How to Get the Full Benefit of Your Treatment for Fungus Infections stresses to your patient the importance of continued cooperation in following your directions—including adjunctive hygienic measures—to help assure maximum response. Describes in simple terms the nature of superficial mycotic infections.



AYERST LABORATORIES
New York 16, N. Y. • Montreal, Canada

Griseofulvin Ayerst is available in the United States by arrangement with Imperial Chemical Industries, Ltd.

AYERST LABORATORIES Dept. ME
22 East 40th Street
New York 16, N. Y.

Gentlemen:

Please send me the quantity shown below of
How to Get the Full Benefit of Your Treatment for Fungus Infections and a copy of the
Griseofulvin Dosage Guide. ☐ ☐ 25 ☐ 50

M.D.

(PLEASE TYPE OR PRINT)

STREET

CITY

ZONE

STATE

6025

WHAT A WAY TO PICK A PRESIDENT!

For our purposes, it is enough to know that in a little more than two-thirds of the states most delegates are chosen by caucuses of the party members within a Congressional district or a county. The party's state convention ratifies these local choices and adds some delegates at large, possibly the Governor and Senators, and a few outside celebrities to give the delegation "class."

Michigan, Missouri, Iowa, and Washington, for example, choose their delegates by the caucus-convention method. This allows every chance for private negotiation and an early start. Together with his own state, they *could* give the Front-Runner a nucleus of votes, a sound base for further operations.

A Pursuit of Perhapses

Unfortunately, it turns out almost at once that the Governor of Michigan, say, is serious about having his delegation vote for himself as a Favorite Son, at least for a ballot or two. This is an honorary gesture, but the Governor has in mind considerably more than just the honor of the thing.

In the first place, it saves him from having to take sides between major contenders, with the risk of picking the loser and needlessly making an important enemy. Then, too, it gives him a bargaining advantage at the convention. Thus he can release his delegates to the likely winner at just the strategic moment in the balloting, thereby assuring himself, let's say, a Cabinet post in the new administration. And, finally, as an important Favorite Son, the Governor assumes the role of Lightning-Inviter in the event of a deadlocked convention.

These Favorite Sons can be a sore trial to a Front-Runner. The best he can do is to try for an informal under-

Morpheus reigns. Through the mild ministrations of non-barbiturate Placidyl, cares of the day are gently overthrown. Prompt, refreshing sleep becomes the right of all. And morning hangover is banished. Placidyl. Try it and see.



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Placidyl[®] nudges your patient to sleep
(ETHCHLOSVYNOL, ABBOTT) *****

Geriatric with Gerilets®

Geriatric Supportive Formula, Abbott



A FULL RANGE OF DIETARY AND THERAPEUTIC SUPPORT FOR OLDER PATIENTS

B-Complex Vitamins

Thiamine Mononitrate	5 mg.
Riboflavin	5 mg.
Pyridoxine Hydrochloride	1 mg.
Nicotinamide	20 mg.
Calcium Pantothenate	5 mg.

Oil Soluble Vitamins

Vitamin A	1.5 mg. (5000 units)
Vitamin D	12.5 mcg. (500 units)
Vitamin E	10 Int. units

Hematopoietic Factors

Vitamin B ₁₂ with Intrinsic Factor Concentrate, ½ U.S.P. Unit (oral)	
Ferrous Sulfate, U.S.P.	75 mg. (Elemental Iron—15 mg.)
Folic Acid	0.25 mg.

Capillary Stability

Ascorbic Acid	50 mg.
Quertine®	12.5 mg. (Quercetin, Abbott)

Lipotropic Factors

Betaine Hydrochloride	50 mg.
Inositol	50 mg.

Anti-Depressant

Desoxyn®	1 mg. (Methamphetamine Hydrochloride, Abbott)
----------	---

Hormones

Sulestrex	0.3 mg. (Piperazine Estrone Sulfate, Abbott)
Methyltestosterone	2.5 mg.

FILMTAB—FILM-SEALED TABLETS, ABBOTT, U.S. PAT. NO. 2,881,085.

STREAMLINED INTO THE SMALLEST TABLET  OF ITS KIND

standing that he will have the Michigan delegates when the Governor is through using them.

Deep strategy is supposed to set in at this point. But for pinning down in advance the votes of four or five hundred slippery delegates, who will be trying in a moment of high hysteria to act at once for their own advantage, the success of the party, and presumably the good of the country—for such an object as that, strategy is not much more meaningful than it is at Monte Carlo.

Players like Jim Farley have introduced *some* system. They have shown what can be done by hard travel, the cultivation of state and local leaders at private dinners, intensive backslapping, follow-up letters, flattering attentions from the candidate himself, and the hint of rewards to come. But the number of possible combinations, shifts, and human failures that are involved would have a Univac playing hunches. And that is just what the campaign managers do.

Soon after a candidate sets out in quest of delegates, you will begin hearing about his "machine." You may get the impression of a great, complex, well-oiled organization, with skilled hands in all parts of the country moving swiftly about their appointed tasks under a central command.

The Homespun Machine

Nothing could be dreamier. A candidate's preconvention organization is as streamlined as a P.T.A. covered-dish supper, where everyone is strenuously helpful but half the mothers turn up with macaroni salad and the coffee committee forgets to bring the pot. Usually, the central "machine" remains a small task force, made up of the candidate's five or six top aides.

For the most part, this reliance on home talent is inescapable. The ins and outs of local politics are so intricate

WHAT A WAY TO PICK A PRESIDENT!

that no outside organizer can expect to whirl into a community and do all the right things. He would have to know and be able to side-step all the petty feuds, personality clashes, and conflicting ambitions.

It does not do to count on ideological explanations for political alliances. One of the New York delegates who broke from Harriman in 1956 was a small-city Mayor who had been passed by for a spot, allegedly promised to him by the Governor, on the State Boxing Commission. The post paid no salary, but a perquisite was twenty tickets to every fight. Disappointment drove him to Adlai Stevenson.

The Primaries Pitfall

It was to get away from this traditional bargaining that reformers came up with the idea of the Presidential primary. Enrolled Democrats in a state would elect a slate of delegates committed to a particular candidate for President, and Republican voters would do likewise. The people would speak, and the party bosses would carry out their wishes.

But as they stand today, the Presidential primaries are a jungle. Seventeen states have them in one form or another, no two exactly alike.

In some states, the primary is a mere popularity poll or "beauty contest," and at the convention the elected delegates support anyone they feel like supporting.

What is more ironic, no matter how well a candidate does in the primaries, he cannot turn his successes to much account at the convention. Kefauver went into fifteen of the sixteen primaries held in 1952, winning all but three. But at the convention his following fell apart and the nomination went to Stevenson, who had not lifted a finger.

Why *should* candidates bother with the primary?

Continued on page 206



potentiated therapy for mild to moderate hypertension

Consider the benefits of Singoserp-Esidrix if it's mild to moderate hypertension (especially if edema is a complicating symptom). Singoserp, a man-made analog of reserpine, lowers blood pressure but seems to cause fewer side effects than natural rauwolfia compounds.

When Singoserp is potentiated by Esidrix, blood pressure is lowered more effectively than with single-drug therapy. SUPPLIED IN TWO STRENGTHS: Singoserp-Esidrix Tablets #2 (each containing 1 mg. Singoserp and 25 mg. Esidrix) and Singoserp-Esidrix Tablets #1 (each containing 0.5 mg. Singoserp and 25 mg. Esidrix). Complete information available on request.

Singoserp®-Esidrix®
(syrosingopine and hydrochlorothiazide CIBA)



CIBA
SUMMIT-NEW JERSEY

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same family... same problem



the husband:

tense, irritable, frustrated

by his inability to stick to his reducing diet. . . .

R_x **DEXAMYL[®] SPANSULE[®]**

brand of dextro amphetamine and amobarbital sustained release capsules

for daylong control of appetite, plus the
emotional calm and cheerfulness that will
help keep him on his diet.

XUM

em **overweight**



the wife:

listless, lethargic, depressed

by her weight and appearance. . . .

R_x **DEXEDRINE[®] SPANSULE[®]**

brand of dextro amphetamine sustained release capsules

for daylong control of appetite, plus
a more normal feeling of energy, well-being
and interest in herself.

**SMITH
KLINE &
FRENCH**

WHAT A WAY TO PICK A PRESIDENT!

They plunge into this "meatgrinder," as Eric Sevareid has called it, for two reasons. One is that the primary has become a device for keeping a candidate in the public eye, providing a national platform for his every utterance.

The second reason is the possibility it offers him of eliminating a rival. For if winning a dozen primaries cannot by itself win you the nomination, losing one can be quick death. Stassen met his fate when Dewey beat him, narrowly and on a side issue, in the 1948 Oregon primary.

It is this irrationality, this wildly exaggerated emphasis on the "psychology" of a single defeat, that makes the Presidential primaries a doubtful improvement on the old caucus-convention system. As they stand now, these pick-and-choose contests serve largely to turn the preconvention campaign into a combination of chess, poker, and astrology—diverting but not to be taken for political science.

The same wild exaggeration carries over into the convention.

The Band-Wagon Game

"Excuse me," said the bewildered French correspondent as we narrowly missed being run over by a kilted band parading through the lobby of Philadelphia's Bellevue-Stratford Hotel, "but how can I explain to France what all this has to do with electing a President?"

"All this" took in a good deal, though it was trifling compared to what would confuse my foreign colleague once the convention got started. A competing band was blaring out of sight. Over the doorway was a fifteen-foot balloon elephant, which collapsed and had to be reinflated (quite an omen, that). Everywhere were huge blown-up photographs of the candidates, bunting, pennants, badges. Indians in

Continued on page 210

important new therapy in Peptic Ulcer

cessation of all symptoms and
complete healing in 70 out
of 78 cases as reported in
Postgraduate Medicine (Oct.) 1959

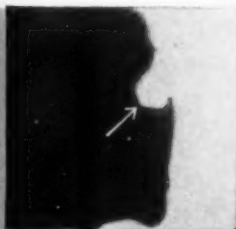
"...chymotrypsin offers a new approach
to the treatment of peptic ulcer."

In 54 cases, most of them hospitalized,
in which chymotrypsin (Chymar) was
used in conjunction with other agents
"All of the symptoms disappeared and
complete healing of the ulcer occurred
in 49 (90.7 per cent) of the 54 cases . . .
Average time for cessation of symptoms
. . . 6 days; for complete healing . . .
36 days; average follow-up period
. . . 12 months. In 24 cases in which
Chymar was used alone, "Cessation of
all symptoms and complete healing
occurred in 21 (87.5 per cent) of the
24 cases . . ." Average time for
cessation of symptoms . . . 5.8 days;
for complete healing . . . 24 days;
average follow-up period . . .
25.5 months.

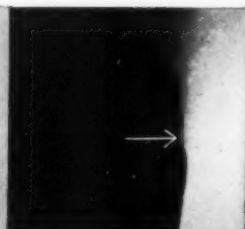
Conclusions: "Because of the excellent
results obtained in 78 cases of peptic
ulcer . . . I strongly recommend its use
as a most valuable adjunct in the
treatment of this disease."*

*Mozan, A. A.: *Postgraduate Med.* 26:542, 1959

the superior anti-inflammatory enzyme
Chymar®
chymotrypsin Buccal/Aqueous/Oil
controls inflammation, swelling and pain



Pretreatment roentgenogram made
on January 26, 1957 shows a large
niche on the upper third of the lesser
curvature.



Roentgenogram made on February
23, 1957 shows only a slight indenta-
tion on the lesser curvature.

CHYMAR Buccal

CHYMAR Aqueous

CHYMAR



ARMOUR PHARMACEUTICAL COMPANY

KANKAKEE, ILLINOIS / *Armour Means Protection*

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**hearing
improved...**

tinnitus
and vertigo
relieved in
circulatory disturbances
of the inner ear



arlidin[®]

brand of nylidrin
hydrochloride N.N.D.

effective in twice as many patients

In patients with disturbances of the inner ear—impaired hearing, tinnitus or vertigo—Arlidin produced remission of their chief complaint in over 50% of cases. Rubin and Anderson state "we were very much encouraged, inasmuch as no other vasodilator that we have used has ever achieved more than a 25 per cent response."

"significant hearing improvement"

was obtained in 32 of the 75 patients studied.

rationale: The clinicians note that impairment in hearing, disturbance in balance, and tinnitus involving the inner ear "may be explained on the basis of labyrinthine artery insufficiency" due to spasm or obstruction of the vessels. Arlidin was found to be "superior to all other vasodilating measures" in increasing blood flow through these vessels and in allaying spasm.

Arlidin is available in 6 mg. scored tablets, and 5 mg. per cc. parenteral solution. See PDR for dosage and packaging.

Protected by U. S. Patent Numbers: 2,661,372 and 2,661,373

1. Rubin, W., and Anderson, J. R.: *Angiology* 9:256, 1958.

u. s. vitamin & pharmaceutical corporation

Arlington-Funk Labs., division • 250 East 43rd Street, New York 17, N. Y.

...“superior to all other
vasodilating measures in its
effect on the labyrinthine arteries.”

...efficacious where other
vasodilators failed

aid
to
hearing
in
tablet form



arlidin



WHAT A WAY TO PICK A PRESIDENT!

full feather, and flushed Republicans, some of whom had just marched up from the railroad station under their state banners. Over a public-address system came repeated warnings against undue crowding at the entrance to the headquarters of the Honorable Thomas E. Dewey. (A fashion show was in progress there, and eight bathing beauties were passing out pocket combs, chewing gum, and silk lingerie to all comers.)

I feebly tried to explain to my foreign friend that this was not as irrational as it seemed—far-fetched, perhaps, but not irrational. The public warnings about overcrowding were a part, a small part, of the psychological warfare that goes on at all Presidential conventions. Dewey's managers were just trying to make it clear to freshly arrived delegates that his was the main tent in the Republican circus of 1948 and those of other candidates merely side shows.

Actually, no real convention business is done in these public showrooms. But it's important for a headquarters to have at all times a lively and jubilant air. If a candidate can make it appear that his camp is the center of excitement, he is off to a good start. This is known as the "psychology of the band wagon," and it can't be tried too soon. For a delegation leader sees his mission in two lights: to make his man the winner, if at all possible, but to be *with* the winner in any case.

Midsummer Madness

What I could not explain to the French correspondent was that in this carnival atmosphere (and he had seen nothing yet) events of moving drama and high import could take place. For there are three aspects to a convention: the gaudy show, the intricate and absorbing game, and, at times, the majestic and mysterious workings of democracy—the whole

HYDELTRA®-T.B.A.

(Prednisolone tertiary-butylacetate, Merck)

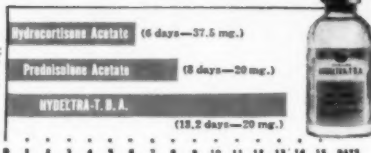
for relief that lasts—longer

in *SPRAINS*—
reduces tenderness,
swelling and
limitation of motion



Osteoarthritis
Acute gouty arthritis
Bursitis
Tendinitis
Trigger finger
Peritendinitis
Trigger points
Tennis elbow
Lumbosacral strain
Capsulitis
Rheumatoid arthritis
Frozen shoulder
Coccidynia
Rheumatoid nodules
Fibrositis
Tensor fascia lata syndrome
Collateral ligament strains
Sprains
Radiculitis
Osteochondritis
Ganglia

Anti-inflammatory
effect lasts longer
than that provided
by any other
steroid ester



Dosage: the usual intra-articular, intra-bursal or soft tissue dose ranges from 20 to 30 mg. depending on location and extent of pathology.

Supplied: Suspension "HYDELTRA"-T.B.A.—20 mg./cc. of prednisolone tertiary-butylacetate, in 5-cc. vials.



MERCK SHARP & DOHME
DIVISION OF MERCK & CO., INC.
PHILADELPHIA 1, PA.

MEDICAL ECONOMICS • JULY 4, 1960 211



TO REDUCE INTESTINAL

GAS

BELCHING BLOATING FLATULENCE



KANULASE

A biochemical compound used to diminish intestinal gas in healthy persons and those patients having digestive disorders ■ Each Kanulase tablet contains Dorase*, 320 units, combined with pepsin, N.F., 150 mg.; glutamic acid HCl, 200 mg.; pancreatin, N.F., 500 mg.; ox bile extract, 100 mg. Dosage: 1 or 2 tablets at mealtime. Supplied: Bottles of 50 tablets.

*DORSEY BRAND OF CELLULASE, EXPRESSED AS DIGESTIVE ACTIVITY UNITS

SMITH-DORSEY • a division of The Wander Company • Lincoln, Nebraska

WHAT A WAY TO PICK A PRESIDENT!

process marked by rituals almost as fixed as those of the classic Japanese theatre.

In the course of seven conventions, I have witnessed ludicrous scenes like the flock of pigeons, released from a floral Liberty Bell, dive-bombing from the rafters of the convention hall. But I also saw infuriated Alabama delegates rip their state banners from the gallery rail and stalk out of the auditorium under a Confederate flag. I saw a Republican nomination breathlessly snatched from the professionals by Wendell Willkie, whose name was still so fresh that the Governor of Pennsylvania later moved to make unanimous the nomination of "Mr. Winkell." Below the frivolity and the ritual, there is the real and dramatic struggle for power.

Those mad dogs and Englishmen who go out in the mid-day sun have nothing on the 40,000 Americans, more or less, who attend the two major party conventions. If these affairs were held in the spring, the election campaign would be insufferably long. If they were held in the fall, they would be too short—for the nominees if not for the public. So they are held in the summer heat of a well-cooked city, from which a good portion of the knowing citizens have already fled to the hills.

Its business leaders, moreover, must have been willing to put up a generous purse (around \$350,000 these days) to offset the party's convention expenses, which they expect to more than recoup from what the visitors spend around town during the proceedings.

Setting the Big Stage

As a rule, a party gives the host city an understanding that the convention will run a minimum of four days. Anything less would mean a loss to the business community and

WHAT A WAY TO PICK A PRESIDENT!

especially to the hotels. Fortunately, it takes at least that long to fulfill the convention's purposes. (There are exceptions. The convention that nominated Eisenhower and Nixon in 1956 could have dispatched its business in an hour.)

It's up to the party's National Committee, which in a vague way governs the party between conventions, to make all arrangements. It compiles a list of the delegates chosen in the states, names a temporary chairman, and allots guest tickets to the state organizations. (These passes are so valuable and have been counterfeited so often in the past that they are now engraved like bank notes.) Through subcommittees, it supervises the remodeling and decking of the hall, makes some 15,000 hotel reservations, and provides buses for the delegates and rented limousines for celebrities. It retains a battery of clergymen and signs up a cast of singers, musicians, and guest orators.

The Cast Called to Order

At 11 o'clock or so of a Monday morning, the chairman of the National Committee calls the convention to what is indulgently called order. In the front half of the auditorium, 1,300 to 1,400 buzzing delegates are seated by states, each delegation equipped with a chairman, a microphone that will work only after recognition has been accorded, and a cardboard placard on a long pole, proclaiming the name of the state. This will be waved furiously to get the chair's attention.

A state gets two delegate votes for each Senator and Representative it has in Congress, plus "bonus" votes if it did right by the party in the preceding election. But since a state may have more delegates than votes, a number of delegates may get only half a vote, or even a third. (Many observers who bravely start out keeping their own score

metabolic therapy in the "therapeutic" jar

All alcoholics, whether cirrhotic or not, should receive high levels of B-complex and C vitamins¹ as provided by STRESSCAPS, since the reversal of nutritional failure and its resultant morbidity depends largely on the water-soluble vitamins. Therapeutically important, the decorative jar serves as a constant dosage reminder for the alcoholic patient...who frequently is antagonistic to rehabilitation.

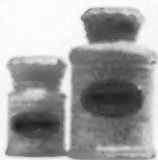
Each capsule contains: Thiamine Mononitrate (B₁) 10 mg., Riboflavin (B₂) 10 mg., Niacinamide 100 mg., Ascorbic Acid (C) 300 mg., Pyridoxine HCl (B₆) 2 mg., Vitamin B₁₂ 4 mcgm., Folic Acid 1.5 mg., Calcium Pantothenate 20 mg., Vitamin K (Menadione) 2 mg. Average dose: 1-2 capsules daily.

1. Davidson, C. S.: Am. J. Med. 25:690 (Nov.) 1958.

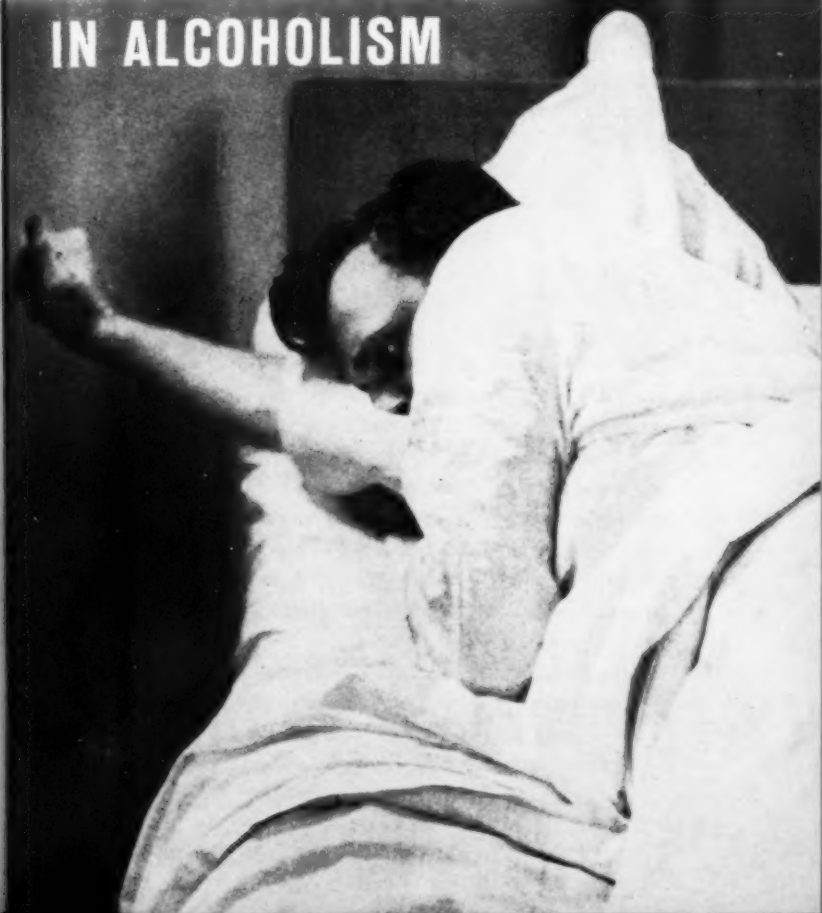
LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York

STRESSCAPS®

Stress Formula Vitamins Lederle



IN ALCOHOLISM



WHAT A WAY TO PICK A PRESIDENT!

during the balloting quickly give up and wait for the official count.)

Ranged behind the delegates are the alternates, who may fill in for delegates who have passed out from the heat or are otherwise engaged. Beyond this, the alternate's only duty is to holler and whoop it up for his candidate at appropriate moments.

Lining the walls of the mammoth auditorium or wandering about are another thousand or so deputy sergeants-at-arms, doorkeepers, and messengers—mostly party wheel horses who couldn't get in any other way. The balcony, decked with bunting and party slogans, is for magazine writers, radio reporters, television control booths, and some 4,000 to 5,000 guests.

The Warm-Up Is Tepid

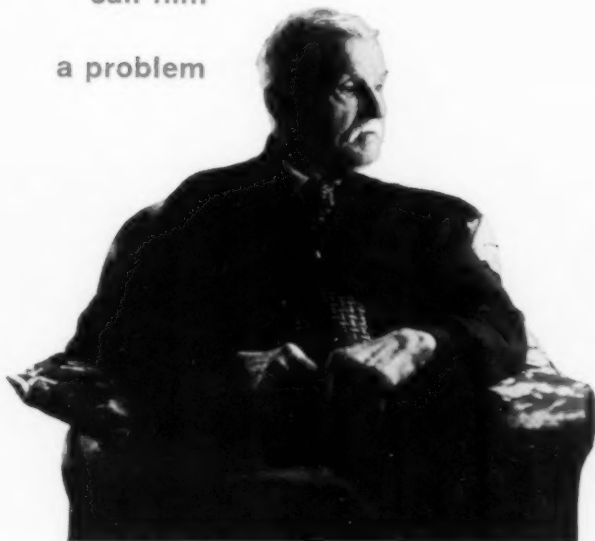
What brings the convention to order is not the chairman's gavel, but a rendition of the national anthem by a contralto, probably a vacationing star from the Metropolitan Opera. After this comes the invocation, which often turns out to be a small sermon. This is a feature of every session, with minister, priest, and rabbi taking turns. (The Moslem vote is negligible.) Then the convention is open for business.

The delegates skip lightly over the first day's business, and we shall do likewise. The objective is to set up the four main committees—on credentials, permanent organization, rules, and resolutions. These are composed of representatives from each state delegation, and their confirmation is so much taken for granted that unofficial subcommittees have been at work for days.

Members of these hard-working groups are too busy even to show up at this session. So they miss the convention's

Continued on page 220

His family
used to
call him
a problem



In the senile patient, the dual action of PROZINE relieves both the psychic and somatic manifestations of apprehension, agitation, confusion, and irritability; encourages rehabilitation and cooperation. Low dosage requirements minimize side-reactions in the normally hypersensitive geriatric patient.

Of 58 agitated-senile patients treated by Settel,¹ PROZINE elicited an excellent response in 66.7%, a good response in 29.4%.

For further information on prescribing and administering PROZINE see descriptive literature, available on request.

Wyeth Laboratories Philadelphia 1, Pa.

for **MID-RANGE** emotional troubles

PROZINE®

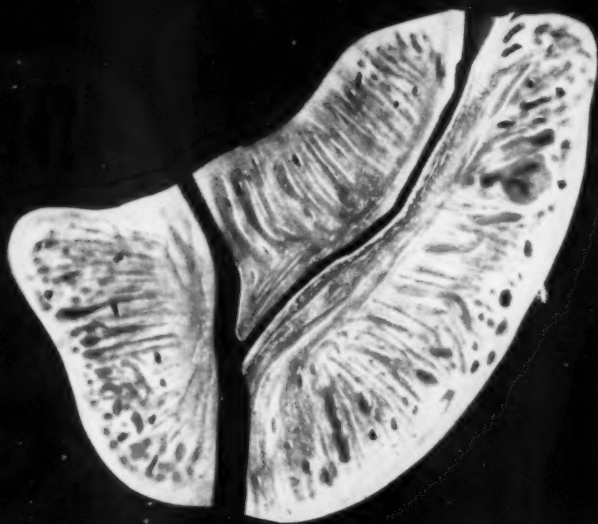
meprobamate and promazine hydrochloride, Wyeth

1. Settel, E.: Total Approach in Management of the Agitated Senile Patient, GP 20:129-135 (Dec.) 1959.



A
Century of
Service to Medicine

MEDICAL ECONOMICS · JULY 4, 1960 217



the indication: prostatitis

the incidence: "amazingly high"—"Inflammations of the prostate gland... occur with an amazingly high incidence in general practice."

the inference: probably "the most common chronic infection in men over 40 years of age."

Sup
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2. F.
Med
1957
Bisch
100 :
Prost
EAT

the ideal: "by far the most effective drug"

Furadantin[®]

brand of nitrofurantoin

"... by far the most effective drug to be employed, and this has been substantiated in practice. It is a drug of low toxicity and, what is more important, bacteria rarely if ever become resistant to it. It can be employed for long periods of time, is bactericidal and does not favor the appearance of monilial infections."³

In acute prostatitis: "Antibacterial medication, preferably FURADANTIN (Eaton) 100 mg. 4 times daily is indicated . . ."⁴

In chronic prostatitis: "From clinical observation we have found that more cases of chronic prostatitis respond to FURADANTIN than to any other anti-infection agent."⁵

In benign prostatic hypertrophy: (to prevent or treat concomitant infection): "Nitrofurantoin [FURADANTIN] may be used for protracted periods for the suppression of infection in the urinary tract, even in the presence of probable obstruction . . . it may provide prolonged relief from symptoms and permit better selection of the proper time for surgical or manipulative procedures."⁶

Postoperatively in prostatic surgery: "In conjunction with routine post-operative care, FURADANTIN is frequently used."⁷

FURADANTIN dosage in prostatitis: Acute cases—100 mg. tablet q.i.d. with meals and with food or milk on retiring until cured. Chronic cases—100 mg. tablet q.i.d. for 10 to 14 days; depending on response, dosage may then be reduced to 100 or 200 mg. daily for 1 to 3 months.

Supplied: Tablets, 50 and 100 mg., Oral Suspension, 25 mg. per 5 cc. tsp.

References: 1. Campbell, M. F.: Principles of Urology, Philadelphia, W. B. Saunders Co., 1957. 2. Farman, F., and McDonald, D. F.: Brit. J. Urol. **31**:176, 1959. 3. Sanjurjo, L. A.: Med. Clin. N. America **43**:1601, 1959. 4. Barnes, R. W.: Prostatitis, In Conn, F.: Current Therapy 1957, Philadelphia, W. B. Saunders Co., 1957. 5. Barnes, R. W., in discussion of Chinn, J., and Buchoff, A. J.: Tr. West. Sect. Am. Urol. Ass. **22**:189, 1955. 6. Jawetz, E.: A.M.A. Arch. Int. M. **100**:549, 1957. 7. Glazier, M., and Lombardo, L. J., Jr.: From the film *Retropubic Prostatectomy*, Eaton Laboratories, Norwich, N. Y., 1959.

EATON LABORATORIES, NORWICH, NEW YORK



WHAT A WAY TO PICK A PRESIDENT!

first fireworks, which are touched off by the ritual of the keynote address.

Delivering this ovation is usually the function of the temporary chairman. He is expected to flay the opposition alive and work up a fine spirit of unity in his own party. Only partisans of the deepest dye can take seriously these grandiloquent outpourings, which credit one political sect with genius, patriotism, courage, and defense of the American home while holding the other responsible for wars, crime, and early frost.

More often than not, the keynoter blows just the kind of purple smoke clouds the evening calls for. They fulfill their mission, and delegates troop back to their hotels heady with confidence.

'Greatest Show on Earth'

The second-day matinee of a convention is well missed unless your taste runs to summer replacement shows. What goes on in public at this point is mostly a holding operation, pending reports from the committees. From the official agenda of the Republican convention of 1956, I cull the following:

Manny Harmon Orchestra with State College Songs; Loring Club Male Chorus singing "Real Nice Clambake"; 125 Young Republican Pom Pom Girls' Color Guard; Pledge of Allegiance, led by a distinguished Cub Scout; Lucille Norman with an Irving Berlin medley; presentation of fourteen eminent Republican women; and John Charles Thomas rendering the "Battle Hymn of the Republic."

In charge of production was Cecil B. De Mille's assistant, Leroy Prinz. And De Mille himself flitted about the hall shaking hands and telling delighted delegates, "This is the greatest show on earth."

More►



FEATHER...

BANTAM...

HEAVYWEIGHT?

whatever a baby's age, weight or type...

THERE'S A STRIDE RITE SHOE FOR EVERY STAGE OF THE FIRST WALKING YEARS

Our famous Firstie with soft upper leathers, soft and flexible sole, is the lightest. The intermediate shoe is slightly sturdier... for the older, more active baby, or any baby who must bear a bit more weight. The third shoe is a fully-lined welt, for the child who is ready for "regular" shoes. All three feature broad heel seats, snug-fitting heels, firm counters, traditional Stride Rite quality and fit.

THE
STRIDE RITE
SHOE

DOCTOR: If you are not already familiar with Stride Rites, and the Stride Rite Shoe with Extra Support, write for information to: Green Shoe Mfg. Co., 960 Harrison Ave., Boston, Massachusetts

WHAT A WAY TO PICK A PRESIDENT!

During these doings, it is likely that the Committee on Permanent Organization will have brought in its report. This is quickly accepted and gives the convention a permanent presiding officer, who almost as quickly gives himself the floor for a major address. Traditionally, the job goes to a tried Congressional leader, experienced in pounding the gavel and not one to suffer troublemakers gladly.

At the Republicans' 1956 affair, when a Nebraska delegate nominated a fictitious Joe Smith for the Vice Presidency, Chairman Joseph Martin was equal to the occasion. "Take your Joe Smith and get out of here," he roared. And sergeants-at-arms closed in.

Theoretically, the chairman is neutral with respect to contending candidates. But his private leanings may often be seen with the naked eye. In the Democratic convention of 1952, Senator Paul Douglas, trying to get Kefauver a recess in which to regroup his forces, did everything but turn handsprings in the aisle to get Chairman Sam Rayburn's attention. Rayburn was known to look sourly on Kefauver's candidacy. He neither saw nor heard, and the machine rolled on.

Committee Warfare

With minimal business going on in the auditorium, a convention visitor in search of second-day excitement does well to drop in on a session of the Committee on Credentials. It often happens that rival factions in a state have picked rival groups of delegates. A bitter row ensues in the Credentials Committee, and in this preliminary warfare nominations have been won and lost.

There Taft in 1952 faced the charge of having "stolen" the delegates from Texas, Louisiana, and Georgia. He gave

Continued on page 226

NEW ORAL ANTIHISTAMINE/NASAL DECONGESTANT

IN POLLENOSIS
EFFECTIVELY
RELIEVES
NASAL
BLOCKAGE
AND OTHER
HAY FEVER
SYMPTOMS

■ Helps to correct "nose drop addiction cycle" ■ Prolonged relief of nasal and sinus congestion, without rebound effect ■ Prompt alleviation of rhinorrhea, sneezing, lachrymation ■ Virtually no central nervous system stimulation ■ Dual decongestant-antihistamine action

These therapeutic benefits are achieved through the complementary action of Disomer, White's new, high therapeutic-index, low side-effect antihistamine, and d-isoephedrine, an orally effective and well tolerated nasal decongestant. In over 1400 clinical cases Disomer has demonstrated 94.7% safe antiallergic effectiveness, while d-isoephedrine has been shown to provide gentle, sustained vasoconstricting action.

DOSAGE: Adults and older children: One tablet 4 times a day. Occasionally, two tablets 3 times a day may be required. Children, 6 to 12 years of age: One-half tablet four times a day.

FORMULA: Each scored tablet of Disophrin contains: Disomer (dextbrompheniramine maleate), 2 mg., and d-isoephedrine sulfate, 60 mg.

AVAILABILITY: Disophrin is supplied in bottles of 100 scored tablets.

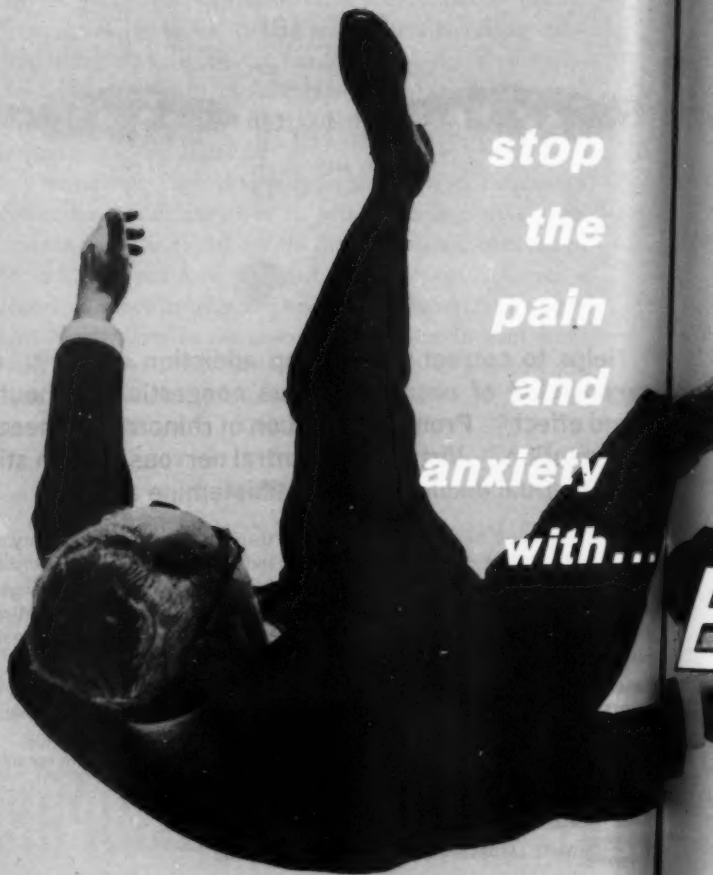


WHITE LABORATORIES, INC., Kenilworth, New Jersey

DISOPHRIN[®]

This is going to hurt!

**stop
the
pain
and
anxiety
with...**



for moderate
to severe pain . . .
fulfills all the
requirements of
**analgesia
in depth**

relieves pain

provides analgesia equivalent to that of
codeine, but without many of its liabilities

relieves anxiety

relieves the anxiety that magnifies pain and
contributes to tension

relieves muscle spasm and tension

relaxes muscle tension and spasm that add
pain to pain

EQUAGESIC is highly effective in pain involving
bones and skeletal muscles, particularly trau-
matic and arthritic disorders; headache, dys-
menorrhea, neuritis, and neuralgia.

EQUAGESIC provides the proved muscle relax-
ant and antianxiety actions of EQUANIL® with
the potent analgesic action of ZACTIRIN®.

TABLETS

Equagesic

Meprobamate and Ethoheptazine
Citrate with Acetylsalicylic Acid,
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Although infrequent, adverse reactions
to many modern drugs occur. For
further information on limitations, ad-
ministration and prescribing of this
drug, see descriptive literature or cur-
rent direction circular.

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A Century of Service to Medicine

WHAT A WAY TO PICK A PRESIDENT!

away whatever moral case he had by offering to split the contested delegates with his rival, Dwight Eisenhower. From then on, his course could only be downhill.

Before the convention can settle down to the exhilarating pleasure of the nominations, it has still the major chore of adopting a platform that all can live with, though none will remember it for more than a day or two. About noon on Wednesday, a document is brought out which forthrightly "condemns" all manner of sinfulness on the part of the opposition, whole-heartedly "favors" virtue in all its many forms, and dodges pretty cagily through the controversial issues.

It is generally admitted, however, that the Democratic plank on civil rights in 1948 was an act of courage, even if it was forced by a rare all-out battle on the convention floor. Compelled to take a public stand, Northern delegations, with big liberal and racial blocs back home to think about, voted readily for the minority report pressed on them by Hubert Humphrey. Alabama and Mississippi delegates "seceded" to the accompaniment of catcalls, boos, and shouts of "Good riddance!" The party won anyway in November, proving that political courage is not fatal, just unconventional.

Weather-Vane Words

Since the platform is so commonly ignored by the electorate, why all the fuss about it? Primarily, because the contest shows which forces within the party are on top.

Various blocs and pressure groups watch closely. They just want to know how the wind blows. Sometimes they can't even tell that. Franklin D. Roosevelt, of all people, first ran on a platform that called for "drastic reduction of governmental expenditures."

More▶

NOW... A DRUG THAT LOWERS CHOLESTEROL LEVELS AS MUCH AS 200 mg.% WITH VIRTUALLY NO ANNOYING SIDE EFFECTS ...AND NO DIETARY RESTRICTIONS

NICALEX*

TABLETS aluminum nicotinate, Walker

New NICALEX reduces blood cholesterol levels as much as 200 mg. % with no flushing, itching or gastrointestinal disturbance in over 80% of patients.¹⁻³ Significant reductions have been obtained in close to 90% of hypercholesteremic patients to date.¹⁻³ Lowered cholesterol levels can be maintained indefinitely with little or no discomfort to the patient. And there is no need to restrict the diet throughout therapy.

A newly synthesized salt of nicotinic acid, NICALEX is "...as effective in reducing blood cholesterol as plain nicotinic acid...."⁵ But unlike the older therapy, which produces vasomotor and gastrointestinal side effects in the vast majority of patients, NICALEX is characterized by a markedly reduced

incidence of unpleasant reactions.⁵

NICALEX is so well tolerated because it is hydrolyzed *slowly* and *uniformly* in the gastrointestinal tract into aluminum hydroxide, an effective buffering agent, plus active nicotinic acid. Thus, a sustained cholesterol-lowering action can be readily maintained with virtually no unwanted effects.

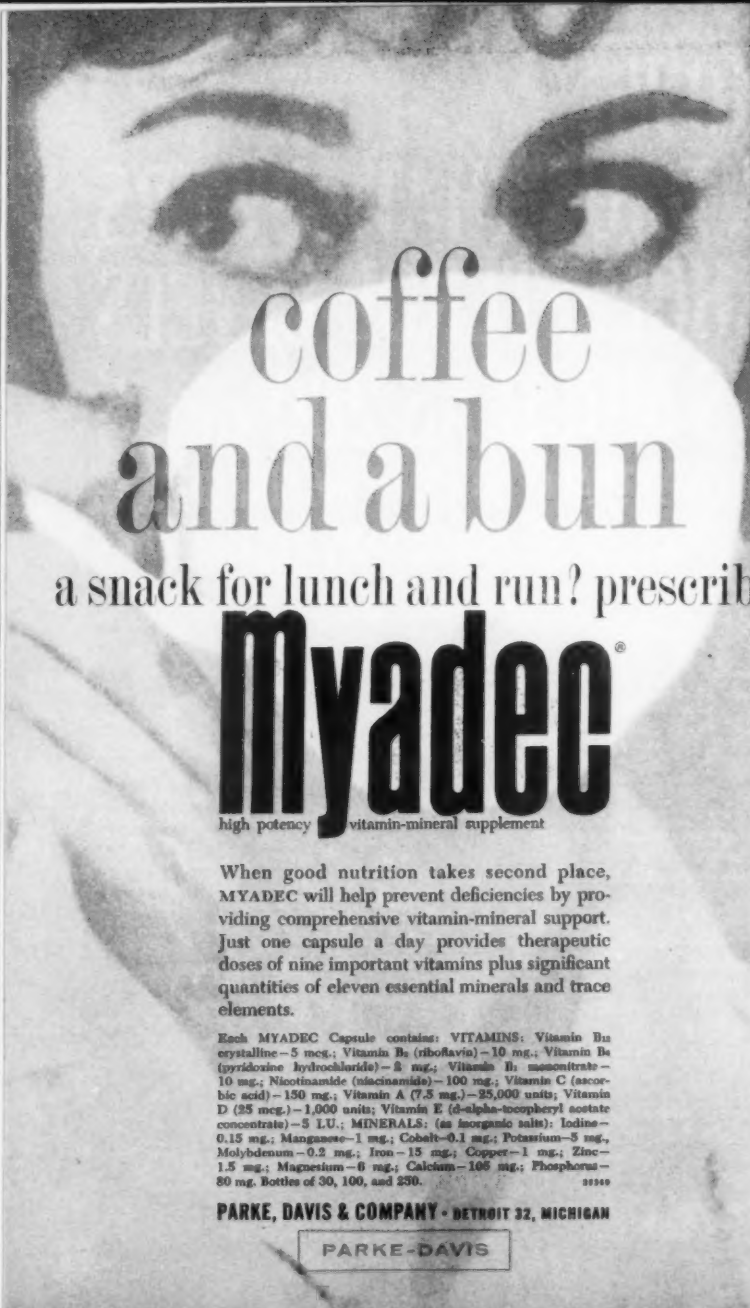
Dosage: 2 to 4 tablets t.i.d., with or after meals. Each tablet contains aluminum nicotinate (Walker) equivalent in biological activity to 500 mg. of nicotinic acid.

Supplied: Bottles of 100 and 1000.

References: 1. Tandowsky, R. M.: Personal communication. 2. Parsons, W. B.: *Curr. Therapeut. Res.* 2:137 (May) 1960. 3. Thompson, C. E.: Personal communication. 4. Biben, L. H., Kurstin, W., and Protas, M.: Personal communication. 5. Hobbs, T. G.: Personal communication.

Walker

LABORATORIES, INC., MOUNT VERNON, N. Y.



coffee and a bun

a snack for lunch and run? prescribe...

Myadec[®]

high potency vitamin-mineral supplement

When good nutrition takes second place, MYADEC will help prevent deficiencies by providing comprehensive vitamin-mineral support. Just one capsule a day provides therapeutic doses of nine important vitamins plus significant quantities of eleven essential minerals and trace elements.

Each MYADEC Capsule contains: VITAMINS: Vitamin B₁₂ crystalline—5 mcg.; Vitamin B₆ (riboflavin)—10 mg.; Vitamin B₂ (pyridoxine hydrochloride)—2 mg.; Vitamin B₁ mesaconitate—10 mg.; Nicotinamide (niacinamide)—100 mg.; Vitamin C (ascorbic acid)—150 mg.; Vitamin A (7.5 mg.)—25,000 units; Vitamin D (25 mcg.)—1,000 units; Vitamin E (d-alpha-tocopheryl acetate concentrate)—5 I.U.; MINERALS: (as inorganic salts): Iodine—0.15 mg.; Manganese—1 mg.; Cobalt—0.1 mg.; Potassium—5 mg.; Molybdenum—0.2 mg.; Iron—15 mg.; Copper—1 mg.; Zinc—1.5 mg.; Magnesium—6 mg.; Calcium—106 mg.; Phosphorus—80 mg. Bottles of 30, 100, and 250.

20360

PARKE, DAVIS & COMPANY • DETROIT 32, MICHIGAN

PARKE-DAVIS

WHAT A WAY TO PICK A PRESIDENT!

By the evening of the third day, a Presidential convention has usually had its fill of inspirational speeches, male choruses, and other antipasto. Now it is ready to make history.

Unless there is only one real candidate in the field, you would be either gullible or cynical if you were to believe that any candidate had the nomination sewed up in advance. Each contender would naturally like all the others to think that he has achieved this. But they are not so easily gulled. They know that few delegates are bound firmly or for long. Otherwise, conventions would be as predictable as a Bulgarian election.

'Stop So-and-So'

No sooner are the candidates' staffs settled into their headquarters than the opening gambit is tried. This is known as a "Stop So-and-So" movement and is always directed against the top man.

Say that Candidate X is known to be in the lead, with an estimated 400 delegates ready to vote for him on the first ballot and 650 needed to win. Clearly, if Runners-Up Y and Z, with 450 probable votes between them, can be induced to combine forces in the name of either one of them, they can keep X from sweeping the convention. Once his candidacy slows down, they have reason to believe, he will be through—and then who knows where his 400 votes may go?

Almost invariably, however, Y and Z differ on one question: Which will yield to the other for the common good?

The delicate and rarely fruitful negotiations on this point are never conducted by the principals, who would not want it noised about that they consider such desperate measures necessary. They are done through an intermediary, who can

Continued on page 232



Each tablet contains:

Provera (medroxyprogesterone acetate) 2.5 mg.
 Cardrase (ethoxzolamide) 35 mg.
 Levanil (ectylurea) 300 mg.

DOSEAGE: 1 tablet 1 or 2 times daily, 5-10 days before the period.

THE UPJOHN COMPANY / KALAMAZOO, MICHIGAN

CYTRAN[®]

GETS AT THE CAUSE OF

to restore hormonal balance...

corrective therapy Because Cytran contains the new progestin, Provera,¹ you can now reach the *cause* of premenstrual tension—hormonal imbalance. Estrogen-progesterone ratio is adjusted to more normal premenstrual balance. Thus even abdominal discomfort, shakiness, fatigue—symptoms incompletely controlled by mere symptomatic treatments—are effectively relieved.

to comfort the patient...

symptomatic therapy An effective diuretic (Cardrase¹) and a mild tranquilizer (Levanil¹) afford symptomatic relief while Provera works to effect a restoration of hormonal balance. They also supplement the activity of Provera in those rare cases where restoration of hormone balance does not completely eliminate edema and anxiety/tension.

¹TRADEMARK

²TRADEMARK, U.S. PAT. OFF.



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USE OF PREMENSTRUAL TENSION



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WHAT A WAY TO PICK A PRESIDENT!

always explain to snooping reporters that he just dropped in to borrow a match.

Taft, in the 1944 convention, rejected an alliance with Stassen and Vandenberg to head off Dewey. "It'll be Tom or me," he said. And Stassen refused second place on a ticket with Taft. Even after two ballots had been taken, Taft and Stassen were reported to be meeting furtively in a freight elevator in a last-minute effort to get together. But neither wanted to stop Dewey to accommodate the other.

Bargains and Arguments

Fishing among the delegates themselves is likely to prove far more rewarding than merger attempts among the combatants. Some delegates, as we have seen, are committed by their primaries, or pledged to their state conventions, to vote for a particular candidate. The "unit rule" compels a state delegation to cast its entire vote for the choice of its majority. But Republican conventions do not enforce the rule, and Democratic conventions do so only when a delegation has been specifically instructed to observe it.

To pry a delegate loose from a prior commitment, or to get him committed when he is still on the fence, frequently requires something in the way of bait. It should be said at once, to the disappointment of sensation-seekers, that the bait is never money. Indeed, conventions are remarkably free of the coarser forms of venality. But when a particular candidate wins in November, his timely supporters usually turn up well represented in his administration.

Aside from the hope of reward, delegates can be won over by argument. They may be persuaded that the nomination of a particular candidate is best for the country, or that he would make the best campaign for the party and therefore bring the most help to state and local tickets—a cogent

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argument with state and district leaders. Or on the lowest level, they may be persuaded simply that he is going to get the nomination anyway and that it is healthier to be on the side of the winner early than late.

The Lowly Alternate

To do their persuading, the candidates' managers and their aides receive a steady stream of delegates at their headquarters. They also send out missionaries to the various state caucuses, which are going on all over town. They breakfast, lunch, dine, and drink with influential state chairmen and overlook no chance to woo a doubtful delegate with smiles and soft soap.

Most important, they court leading members of the Favorite Son delegations, which will break up soon after the first ballot, and the unit-rule delegations, which can deliver twice the result for half the effort.

Alternates are normally not considered worth pursuing, but Thomas J. Gavin of Missouri was an exception at the Democratic convention of 1952. As Harry Truman's own alternate, he was royally treated by those who were hopeful of the President's support and eager for an indication of it. Richard H. Rovere reported in *The New Yorker* that when a Mr. Gavin was announced at Harriman headquarters, he was ceremoniously escorted to an inner room to meet the candidate's managers and enjoy a bit of hospitality. "Upon accepting a drink, the visitor expressed pleased surprise that such important people should put themselves out so for a man who had merely come to fix the TV set." In politics, as in nature, there's bound to be a certain amount of waste.

By the evening of the third day, as a rule, the climax of the convention approaches. The roll of the states is called,

Continued on page 239

in edema or

- more doctors are prescribing—
- more patients are receiving the benefits of—
- more clinical evidence exists for—



in congestive failure

"Chlorothiazide was given to 16 patients for a total of 295 patient-treatment days."
 "Chlorothiazide is a safe, oral diuretic with a clinical effect equal to or greater than a parenteral mercurial." Harvey, S. D. and DeGraff, A. C.: N. Y. State J. Med., 59:1769, (May 1) 1959.



in hypertension

"... our program has been one of polypharmacy in which we attempt to deplete body sodium with chlorothiazide. This drug is continued indefinitely as background medication for all antihypertensive drugs." Moyer, J.H.: Am. J. Cardiology, 3:199, (Feb.) 1959.



in premenstrual edema

"Chlorothiazide is an excellent agent for relief of swelling and breast soreness associated with the premenstrual tension syndrome, since all patients [50] with these complaints were completely relieved." Keyes, J. W. and Berlacher, F. J.: J.A.M.A., 169:109, (Jan. 10) 1959.

DOSAGE: Edema—One or two 500 mg. tablets DIURIL once or twice a day. Hypertension—One 250 mg. tablet DIURIL twice a day to one 500 mg. tablet DIURIL three times a day.

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in edema of pregnancy

"One hundred patients were treated with oral chlorothiazide." "In the presence of clinically detectable edema, the agent was universally effective." "Chlorothiazide is at present the most effective oral diuretic in pregnancy." Landesman, R., Ollstein, R. N. and Quinton, E. J.: N. Y. State J. Med., 59:66, (Jan. 1) 1959.



in cirrhosis with ascites

"All three of the patients with Laennec's cirrhosis, ascites and edema had a favorable response, with a mean weight loss of 8 lbs., during the five-day treatment period with a slight decrease in edema." Castle, C. N., Conrad, J. K. and Hecht, H. H.: Arch. Int. Med., 103:415, (March) 1959.



in renal edema

"In a study of 10 patients with the nephrotic syndrome associated with various types of renal disease, orally administered chlorothiazide was a successful, and sometimes dramatic, diuretic agent." Burch, G. E. and White, M. A., Jr.: Arch. Int. Med., 103:369, (March) 1959.



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MEDICAL ECONOMICS • JULY 4, 1960 237

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WHAT A WAY TO PICK A PRESIDENT!

in alphabetical order.* A delegation may do one of three things. It may pass. It may, through a spokesman chosen by the candidate himself, make a nominating or seconding speech. Or it may yield to any other state for this purpose.

'I Give You the Man Who . . .'

Nominating speeches run to fifteen or twenty minutes, which seems excessive when you consider that the job was done for Lincoln in twenty-seven words. After a series of far-fetched comparisons between his man and all the titans of history, the run-of-the-mill nominator finishes with the magic pronouncing of the candidate's name.

Thereupon a planned and ceremonial uproar breaks out which must give anthropologists something to think about. Suddenly thousands of people are on their feet, hollering, stamping, singing, whooping, clapping, banging pots on washboards, and rattling noisemakers in a fair combination of Walpurgis Night and the Fourth of July. Out of nowhere, signs, banners, and gigantic portraits of the hero have sprung up all over the hall. From the home delegation of the candidate, a procession has been launched, and as it snake-dances down the aisle, it is constantly fed by streams from other delegations in support of "the man who . . ."

No matter how staid or paunchy a delegate may be, no matter how full of years and dignity, he is no more excused from this rite than a Navaho elder from a tribal rain dance. I found it quite a jolt once to see the blue-blooded Senator Leverett Saltonstall grab an Eisenhower placard and go prancing down the aisle.

By the time the aging politicians have lost their first wind,

Continued on page 242

*One of the less charming of convention rituals is that in responding to the roll-call, a spokesman has to add a commercial—not just Florida or Michigan but the "Great Sunshine State of Florida" or the "Water Wonderland of Michigan."



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infants with general development normal or superior¹

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1. Frost, L. H., and Jackson, R. L.: J. Pediat. 39:585 (Nov.) 1951.

2. Gordon, H. H., and Ganzon, A. F.: J. Pediat. 54:503 (April) 1959.

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WHAT A WAY TO PICK A PRESIDENT!

they are reinforced by troops of mercenaries, admitted to the hall in batches of a hundred or so. These hired enthusiasts often have a brass band or two of their own. Now the demonstration is as spontaneous as a music-hall chorus line.

What is the purpose of all this rigmarole, which is repeated for each candidate in turn and sometimes goes on until 3 o'clock in the morning?

Once more, in theory, it is the band-wagon psychology. It tries to persuade the doubtful and uncommitted that the object of this raucous tribute is irresistible and they had better switch to his banner before the balloting begins. To this end, demonstrations are solemnly clocked by the press. Much is made of the fact that one candidate's ran forty minutes while another's lasted only thirty-seven.

Ballots and Band-Wagons

When the last candidate has been thoroughly nominated, seconded, and serenaded, the "moment of truth" has come. The roll of the states is now called again. This time their spokesmen respond in turn with the fateful vote of their delegations.

Every once in a while, a delegate will question the figures announced by the chairman and demand a poll, which is taken then and there. These delays, which evoke groans from the rest of the convention, do not always stem from a suspicion that the chairman has made a mistake in his arithmetic. The delegate making the demand may want a public record of his colleagues' votes, so their constituents will know how they performed. He may be stalling for tactical reasons. Or he may just want a chance for himself and his friends to get their faces on the television screen.

The first ballot is usually cluttered with votes for Favorite Sons. The chief interest is in how close the top man comes



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WHAT A WAY TO PICK A PRESIDENT!

to gaining a majority. If he is very close, some state, eager to be the one to put him over the top, will ask permission to switch its vote, and the contest will be over.

In 1952, Eisenhower had 595 votes on the first ballot out of a necessary 614; Taft had 500. No sooner was this result apparent than Minnesota asked permission to switch to Eisenhower and was immediately followed by a stream of other delegations eagerly headed for the winner's corral.

If no candidate comes near attaining a first-ballot majority, the game gets really interesting. Caucusing goes on all over the hall, there is a scurrying of emissaries from camp to camp, and an even greater air of expectancy prevails than before the voting started.

The second ballot should make it easier to see how matters stand. For on this, as on all subsequent ballots, trends develop—and these are all-important.

If your candidate merely holds his own over several roll-calls, he is in trouble. He has not been inheriting the second-choice votes of delegates who have drifted away from their Favorite Sons. In short, his band wagon is stalled, and there is nothing less attractive to potential riders.

With just such psychological factors in mind, an astute manager will often arrange to have some of his delegates vote for a Favorite Son until they are called for. Then they are drafted and hurled into the battle to convey an impression of surging strength.

From Stall to Stratagem

A more complicated maneuver was the one that resulted in Franklin Roosevelt's nomination in 1932. On the first ballot, which started at 4:28 in the morning and took two hours to complete, Roosevelt led but needed 103 votes

Continued on page 248



while they are planning
their family

they need your help
more than ever

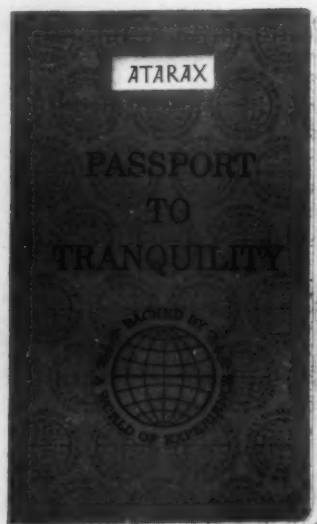


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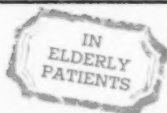
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Bayart, J.: *Acta paediat. belg.* 10:164, 1956. Ayd, F. J., Jr.: *California Med.* 87:75 (Aug.) 1957. Nathan, L. A., and Andelman, M. B.: *Illinois M. J.* 112:171 (Oct.) 1957.



well tolerated by debilitated patients

"... seems to be the agent of choice in patients suffering from removal disorientation, confusion, conversion hysteria and other psychoneurotic conditions occurring in old age." Smigel, J. O., et al.: *J. Am. Geriatrics Soc.* 7:61 (Jan.) 1959.

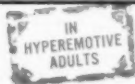
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"All [asthmatic] patients reported greater calmness and were able to rest and sleep better... and led a more normal life... In chronic and acute urticaria, however, hydroxyzine was effective as the sole medication." Santos, I. M., and Unger, L.: Presented at 14th Annual Congress, American College of Allergists, Atlantic City, New Jersey, April 23-25, 1958.

Eisenberg, B. C.: *J.A.M.A.* 169:14 (Jan. 3) 1959. Coirault, R., et al.: *Presse méd.* 64:2239 (Dec. 26) 1956. Robinson, H. M., Jr., et al.: *South. M. J.* 50:1282 (Oct.) 1957.



does not impair mental acuity

"... especially well-suited for ambulatory neurotics who must work, drive a car, or operate machinery." Ayd, F. J., Jr.: *New York J. Med.* 57:1742 (May 15) 1957.

Garber, R. C., Jr.: *J. Florida M. A.* 45:549 (Nov.) 1958. Menger, H. C.: *New York J. Med.* 58:1684 (May 15) 1958. Farah, L.: *Internat. Rec. Med.* 169:379 (June) 1956.

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more to be nominated. Smith had 201, and Garner lagged with 90¼. Two more ballots showed no appreciable change. Once delegations began to break away, Roosevelt would be finished, and a Dark Horse, probably Newton D. Baker, would be trotted out.

But a desperate measure had been plotted. If Garner were to drop out, there was a good chance that Texas and California would swing to Roosevelt. The key man, however, was not Garner, but William Randolph Hearst. He controlled the California delegation and was influential with Garner and his Texans as well. He had little use for Roosevelt, but still less for Baker, who meant only one thing to him—the League of Nations.

When Hearst was informed that if Roosevelt could not get the nomination himself he would come out for Baker, the day was won. Hearst called Garner, the Texas and California delegations went into caucus, and Roosevelt was assured the nomination.

A stalled Front-Runner throws his strength, if he can, to another candidate. Or his following simply dissolves and he is overtaken probably by the Number Two man. Or the convention goes into a deadlock (Type Three), and a loud whinnying may be heard from the stable of the Dark Horses.

Light on Dark Horses

These creatures, who make so intriguing a part of convention lore, are never quite as dark as they are made out to be. They are usually to be found among the Favorite Sons or those Lightning-Inviters and Willing Compromises.

Since Vice Presidents sometimes become Presidents, a word should be said here about how they are chosen.

Normally, the word is "expediency." After the main job

Continued on page 252



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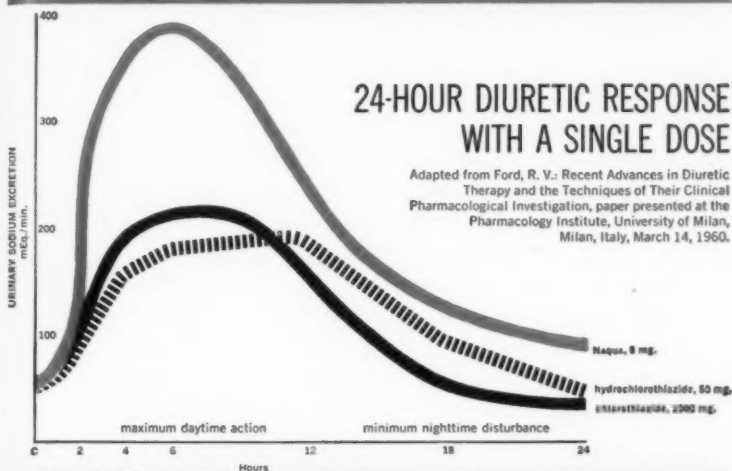
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(1) Reports to Division of Clinical Research, Schering Corporation. (2) Ford, R. V.: *Am. J. Cardiol.* 5:407, 1960.

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is done, party leaders draw up a list and submit it to the nominee, or vice versa, and an agreement is quickly struck as to who would best help to heal the party's self-inflicted wounds and "balance the ticket."

Adlai Stevenson, in his nonconformist way, threw the professionals into a spasm by forcing the convention of 1956 to pick his running mate. The Kefauver-Kennedy battle that resulted was one of the most dramatic and refreshing episodes in recent convention history, but there was irate murmuring among the party managers. The innovation was clearly a strain.

However it is done, this is the last act of the convention. Delegates, alternates, guests, reporters, and candidates, still dazed by their week at Donnybrook, are delighted to be on their way. Surfeited with speeches that palled and stratagems that failed, tired of waiting in line for hotel elevators, and red-eyed for lack of sleep, they may swear that this is their last convention.

But don't believe them. To have been in on a moment of history is exhilarating and grows more so as the moment recedes. In a week, they will have forgotten the irritations, the passing outrage, and the stretches of dreary vaudeville. They will recall only the excitement, the flashes of courage, the human drama, the sense of renewal. For this major rite of the Republic is, in its way, as impressive a show of Americana as the Grand Canyon. As one who has often cried "Enough!" I hope to see many another.

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A Presidential election has everything to do with the serious business of democracy, though perhaps in a kind of reverse order. As it has evolved, the system is not so much the guarantor of American democracy as it is its product



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and a cheerful symptom of the country's political health. It could have developed and flourished only in the comparative absence of violent extremes, only where there is fundamental agreement between the major parties rather than clashing dogmas.

As long as American Government rests not on rigid ideologies but on the kind of pragmatism that is the national genius, we can afford the sort of elections we have had—serious enough concerning immediate issues and attitudes but free of grim fears that if the wrong side wins, the Republic is finished.

Since much in the making of Presidents has developed informally and outside the law, it is reasonable to suppose that it will continue to evolve, shucking off some of its follies as it goes. Perhaps even the Electoral College will in time give way to the direct popular vote. Almost certainly, better ways will be found to cope with campaign costs.

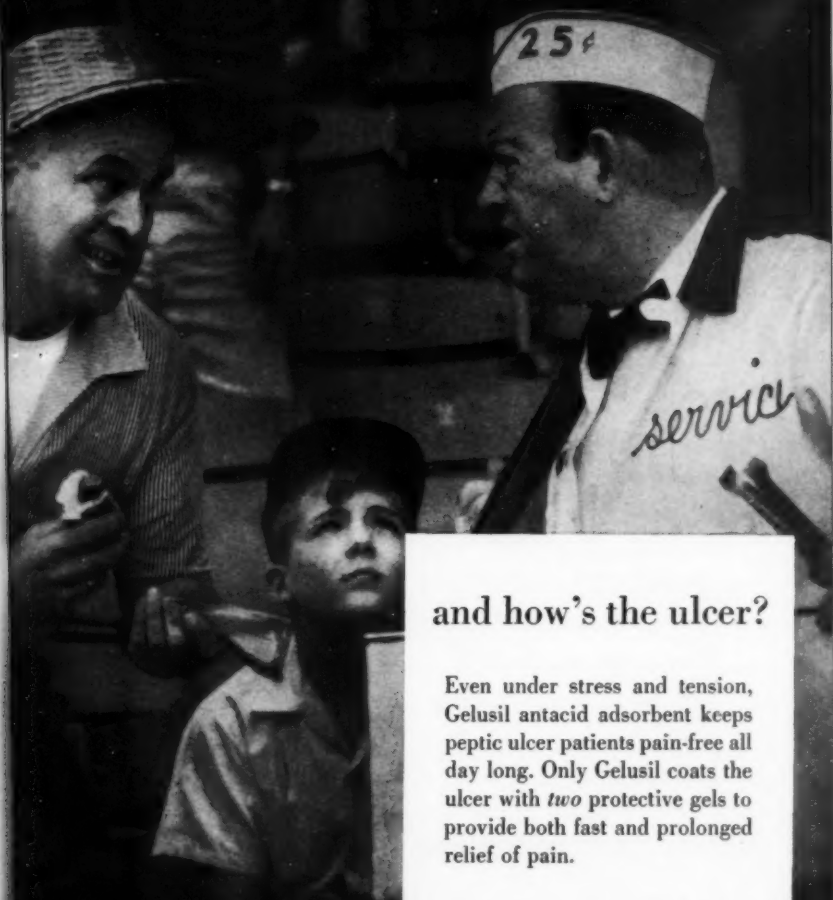
But if the whole grand scheme is ever robbed of its color and innocent merriment, the country will be the poorer. Egypt had its tombs to keep it happy; Greece, its theatre; Rome, its arena; and England, its pageantry. The United States could do worse than to be linked in history with that combination of sport, drama, crusade, carnival, and New England town meeting that we know as a Presidential election.

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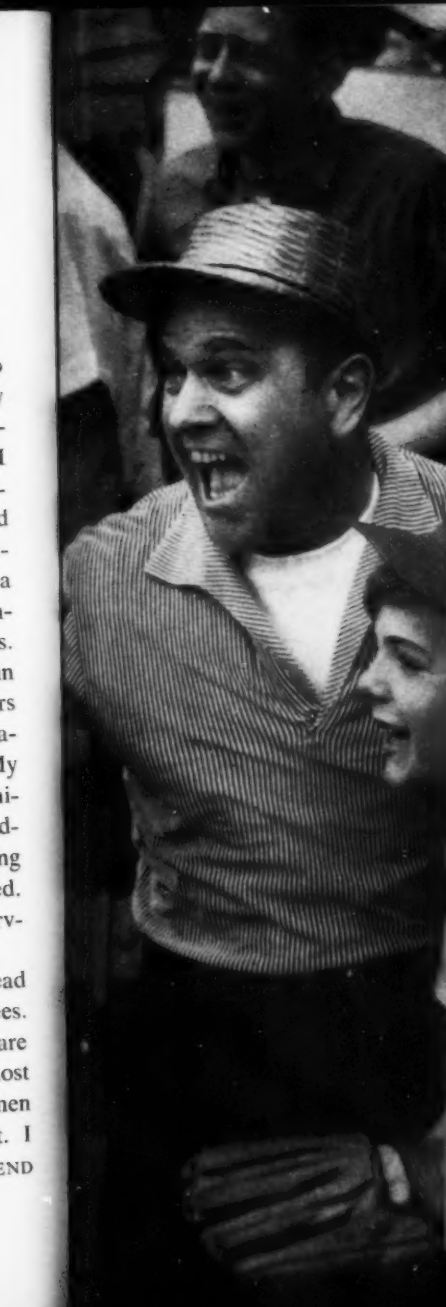
Who Says Doctor Bills Are Too High?

Continued from page 75

known a doctor, or doctors, to disrupt the whole community by going on strike for better working conditions and higher fees. I have known many who died prematurely from overwork. And they left their families inadequately provided for, because a large part of their estates consisted of uncollectible accounts.

I count myself fortunate in having worked for doctors through most of this age of miracles in modern medicine. My working life predates sulfa, penicillin, and dozens of other advances. But during my working years, doctors haven't changed. They're still offering selfless service at bargain prices.

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Continued from page 88

So sound out the company people in your area, to see whether your idea appeals to them. Then sound out your local colleagues in the various specialties. If they're too busy or too unwilling to cooperate, it may not be possible for you to give the service you'd like.

Finally, there's the matter of what additional equipment and personnel you'll need. The personnel question will be settled after you've determined what lab work you can handle in your own office, and what will have to be done on the outside. And you'll have to decide whether you have enough nonmedical assistance to take care of increased paper work, reports to other physicians, etc.

On equipment, there's some difference of opinion. Here's what Dr. Richard E. Winter, director of New York's Executive

Health Examiners has to say: "The physician who wants to concentrate on check-ups should first of all have a 200 MA to 300 MA X-ray machine. The 50 MA machine in most doctors' offices simply won't do the job."

Dr. Winter goes on to suggest these other equipment requirements: an audiometer, a tonometer, and a sigmoidoscope. But not all doctors agree. Says an East Coast practitioner: "With the exception of the sigmoidoscope, no new equipment is necessary."

What Counts Most

Regardless of equipment or location, though, all the check-up enthusiasts stress the importance of one thing: the personal touch. One internist-turned-executive-examiner puts it this way:

"As soon as a company learns it can get quality medical service in its own back yard, it begins to lose interest in sending its top men to Aspen or White Sulphur Springs. Company men *prefer* to deal with doctors they know and like."

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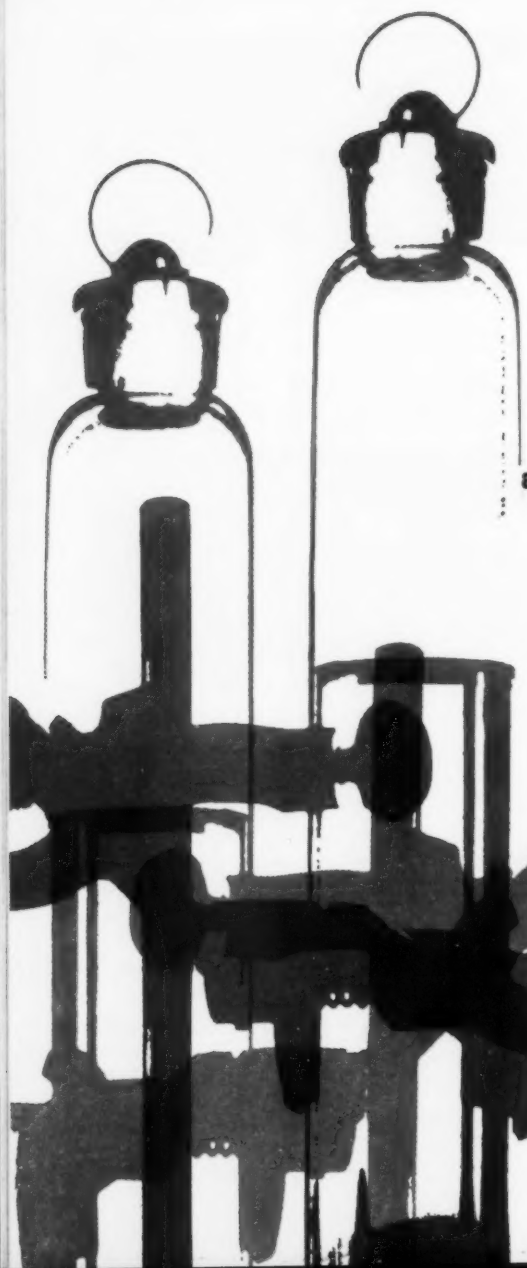
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Memo

From the Editors

Widening Your World

A doctor's wife in Richmond, Va., reports that *MEDICAL ECONOMICS'* Book Features have created a housekeeping problem for her. After reading all the articles in the magazine, the doctor used to file it neatly away on a study shelf. Now he keeps it on his bedside table until he's finished reading the Book Feature. At last count, there were six issues there, and his wife was having trouble dusting around them. But the doctor wouldn't let them out of his sight.

This report will surprise those people who say scornfully that doctors have "no intellectual interests" or "no use for books." It will surprise them even more to learn that the Richmond doctor's reaction is typical. *MEDICAL ECONOMICS'* Book Features are getting a response that shatters the false image of physicians as narrow-minded men.

Take the first Book Feature in our current series—the one based on Admiral Rickover's "Education and Freedom." It ran ten times as long as the typical *MEDICAL ECO-*

NOMICS article. It nevertheless was read by about 60 per cent of all private practitioners within two weeks of publication. And shortly thereafter, school boards all over the country reported having doctors approach them in support of Rickover's ideas.

Booksellers report a similar phenomenon. Apparently hundreds of doctors have been buying books after being introduced to them in *MEDICAL ECONOMICS*. Among the most-bought books on this list: Judge Harold Medina's "The Anatomy of Freedom"; Jacques Barzun's "The House of Intellect"; E. J. Hughes' "America the Vincible." None of these can be classed as light summer reading. But doctors have spent time and money on them by choice.

Although *MEDICAL ECONOMICS* has now published seventeen Book Features, we think the best are still to come. This summer, for example, watch for selections from:

¶ "The American Economic System," part of a new anthology, in which David Potter explains how we've turned away from traditional capitalism.

¶ "The Joy of Music," in which Leonard Bernstein widens your world to encompass modern music.

¶ "The Law and the Profits," in which Professor C. Northcote Parkinson devastatingly describes our present tax system. END

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